

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-016793
STATE FILE NUMBER

AMENDED

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 24

FILED JUN 12 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Chariton		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		a. STATE Missouri COUNTY Chariton		c. CITY OR TOWN Salisbury	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Length of stay in 1b 2 yrs		d. STREET ADDRESS South Walnut		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1010 So. Walnut				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) South Walnut	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Mattie		Middle Elizabeth		Last McCollum		Month Day Year June 2, 1961	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 1, 1880	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Chariton County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Martin Rafferty			13b. MOTHER'S MAIDEN NAME Emma Scott			14. NAME OF HUSBAND OR WIFE Thomas McCollum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Harold Ponder, Salisbury, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Medullary failure.							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Arteriosclerotic cerebral disease.							not determined
DUE TO (c) Generalized arteriosclerosis.							not determined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary fibrosis.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY		Hour	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 12-12-57 , to 5-26-61 and last saw her ^{him} alive on 5-26-61 Death occurred at approximately 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Donald C. Pressley D.O.				22b. ADDRESS Salisbury, Mo.		22c. DATE SIGNED 6-2-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/11/61	23c. NAME OF CEMETERY OR CREMATORY Fitzgerald Cem.		23d. LOCATION (City, town, or county) (State) Chariton County, Mo.		
24. FUNERAL DIRECTOR ADDRESS Chas. B. Winkelmeier, Salisbury, Mo.				25. DATE RECD. BY LOCAL REG. 6-6-61		26. REGISTRAR'S SIGNATURE Opal L. Spence	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glas B. Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.