

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

26 - 61-016813
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 26

AMENDED

FILED MAY 23 1961

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| 1. PLACE OF DEATH a. COUNTY Clark County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clark | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alexandria, Mo. | | c. CITY OR TOWN Alexandria, Mo. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last LAURA ETTA TREADWELL | | | 4. DATE OF DEATH Month Day Year May 10, 1961 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/31/1875 | 9. AGE (last birthday) 86 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Clark County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |

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| 13a. FATHER'S NAME Aron Treadwell | 13b. MOTHER'S MAIDEN NAME Abbagale Beers, Treadwell | 14. NAME OF HUSBAND OR WIFE Helen Treadwell, Wayland, Mo. |
| 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 Helen Treadwell, Wayland, Mo. |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 12 hours |
| DUE TO (b) Arteriosclerotic Heart disease | | |
| DUE TO (c) Senility | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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 a.m. p.m. 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 5-1-61 to 5-10-61 and last saw her him alive on 5-10-61
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>A. Channing D.O.</i> (Degree or title) | 22b. ADDRESS Kahoka Mo | 22c. DATE SIGNED 5-12-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/13/1961 | 23c. NAME OF CEMETERY OR CREMATORY Kahoka City Cemetery | 23d. LOCATION (City, town, or county) (State) Kahoka, Mo. |
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| 24. FUNERAL DIRECTOR Delbert Shaffer Kahoka, Mo. | 25. DATE RECD. BY LOCAL REG. 5-19-61 | 26. REGISTRAR'S SIGNATURE <i>J. B. ...</i> |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

DEC 2 1961

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 Wilbert L. Shaffer

Licensed Embalmer No. 5063

P. O. Address Kelley, 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.