

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020595

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED JUN 26 1961 Primary Registration District No. 3008 Registrar's No. 140

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>3 months</u>		c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>709 Nichols</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>Mary</u> Last <u>Reed</u>				4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1961</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Can.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 31, 1890</u>			
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>practical nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>		11. BIRTHPLACE (City and state or country) <u>Annasse Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jorton D. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Laura J. Houf</u>			14. NAME OF HUSBAND OR WIFE <u>Jay S. Reed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				17. INFORMANT <u>Jay S. Reed 709 Nichols Fulton, Mo.</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma</u> DUE TO (b) <u>Carcinoma of Ovary</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>6 mo</u>		
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>1945</u> to <u>Death</u> and last saw her alive on <u>6-17-61</u> Death occurred at <u>1100 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>John J. Brown MD</u> (Degree or title)				22b. ADDRESS <u>Fulton Mo</u>				22c. DATE SIGNED <u>6-19-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6/19/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Annasse</u>		23d. LOCATION (City, town, or county) (State) <u>Annasse Mo.</u>			
24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u>			ADDRESS <u>Fulton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 19-1961</u>		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		

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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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Md

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.