

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020864

AMENDED FILED JUL 5 1961 Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 165 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington | | Length of stay in 1b 2 days | c. CITY OR TOWN Marthasville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R.R. #3 |
| 3. NAME OF DECEASED (Type or print) First Middle Last Cora Mathilda Clyce | | | 4. DATE OF DEATH Month Day Year June 27, 1961 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-25-1901 |
| 9. AGE (last birthday) 59 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Warren County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Theodore Kersten | |
| 13b. MOTHER'S MAIDEN NAME Alvena Poepelmeyer | | 14. NAME OF HUSBAND OR WIFE Theodore Clyce | |
| 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 Theodore Clyce R.R. #3 Marthasville, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Abscess of Brain nonhemolytic Staphylococci | | | INTERVAL BETWEEN ONSET AND DEATH 1 week. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 checked="" 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 _____ 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 June 23, 1961 to June 27, 1961 and last saw her alive on June 27, 1961 Death occurred at 9:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>M. Schneider MD</i> | | 22b. ADDRESS <i>md & Elm Washington Mo</i> | 22c. DATE SIGNED 6-29-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-30-61 | 23c. NAME OF CEMETERY St. Johns E&R Church | 23d. LOCATION (City, town, or county) Warren County, Mo. (State) |
| 24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo. | | 25. DATE RECD. BY LOCAL REG. 6/29/61 | 26. REGISTRAR'S SIGNATURE <i>Leola E. Swinburn</i> |

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 John J. Hieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, M.

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.