SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-021685
STATE FILE NUMBER

AMENDED

FILED JUN 26 1961

Registrar's District No. 156 Primary Registration District No. 2001 Registrar's No. 286

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 2 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2302 Pennsylvania — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Newton
c. CITY OR TOWN: Seneca — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Flora — Middle: Jane — Last: Row

4. DATE OF DEATH: Month: June — Day: 14 — Year: 1961

5. SEX: Fem.
6. COLOR OR RACE: wht.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr. 18 '82
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: 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: ----------
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Watt
13b. MOTHER'S MAIDEN NAME: Amanda Johnson
14. NAME OF HUSBAND OR WIFE: C.C.Row

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Virgil Mustain — Address: Seymour, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease & Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Large abdominal tumor (type unknown)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-1961, to June 14 1961 and last saw her/him alive on June 13-1961. Death occurred at 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo Schuel MD
22b. ADDRESS: 2125 Joplin Mo
22c. DATE SIGNED: 6-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/18/61
23c. NAME OF CEMETERY OR CREMATORY: Seneca Cemetery
23d. LOCATION (City, town, or county) (State): Seneca Missouri

24. FUNERAL DIRECTOR: W E Beddlesome — ADDRESS: Seneca Mo
25. DATE RECD. BY LOCAL REG.: 6-19-1961
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — BY AFFIDAVIT OF — DOCUMENT — SHOULD READ — INSTEAD OF — DATE AMENDED — ITEM NO.

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 W E Beddleem

Licensed Embalmer No. 2174

P. O. Address Seneca N

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.