

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023907

STATE FILE NUMBER

AMENDED

Filed AUG 8 1961 Primary Registration District No. 3082 Registrar's No. 169

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in lb <b>9 days</b>		c. CITY OR TOWN <b>Wellsville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>303 E. Bates St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LETA</b> Middle <b>BLANCHE</b> Last <b>BEANE</b>				4. DATE OF DEATH Month <b>July</b> Day <b>31</b> Year <b>1961</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 8, 1982</b>		
9. AGE (last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		11. BIRTHPLACE (City and state or country) <b>Middletown, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>George A. Gilbert</b>				13b. MOTHER'S MAIDEN NAME <b>Hannah M. Renner</b>		14. NAME OF HUSBAND OR WIFE <b>Chester Beane</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>491-24-0783</b>		17. INFORMANT <b>Chester Beane, Wellsville, Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized carcinoma</b> DUE TO (b) <b>Primary cancer of colon</b> DUE TO (c) <b>Primary cancer of colon</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>18 mo.</b>	
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		
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 <b>6:45</b> a.m. <b>7:22-61</b> Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE		
21. I attended the deceased from <b>7-22-61</b> to <b>7-31-61</b> and last saw her alive on <b>7-31-61</b> Death occurred at <b>6:45</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Ned D. Roles M.D.</b>				22b. ADDRESS <b>Mexico Mo</b>		22c. DATE SIGNED <b>7-31-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 3, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Wellsville</b>		23d. LOCATION (City, town, or county) (State) <b>Wellsville, Mo</b>		
24. FUNERAL DIRECTOR <b>Howard F. Myers, Wellsville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>July 31-1961</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		

(Licensed Embalmer's Statement on Reverse Side)

**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 Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.