

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024674

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 133

AMENDED

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Length of stay in 1b <u>35 days</u>	c. CITY OR TOWN <u>Rural-Freeborn Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin county Mem. Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Campbell, Rte. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>MAY</u> Last <u>VOWELL</u>			4. DATE OF DEATH Month <u>August</u> Day <u>1</u> Year <u>1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 18, 1978</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No record</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Albert Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Lila Montgomery</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>No</u> ; unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Riley Anders, Campbell, Mo. Rte. 2</u>			

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>Cerebral embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hrs.</u> <u>(37 1/2 days)</u> <u>6-29-61</u>
DUE TO (b) <u>Mural thrombus</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive heart failure; Embolism to Lt. Leg; Above knee Amputation of Lt. Leg; Generalized Arteriosclerosis; Wound infection following operation</u>		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 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 <u>7:05</u> p.m.	Month, Day, Year <u>7-8-61</u>		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 7-8-61 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. and last saw her alive on 8-1-61

22a. SIGNATURE <u>John H. Legan</u> M.D.		22b. ADDRESS <u>301 E. Washington Kennett</u>		22c. DATE SIGNED <u>8-4-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 4, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead Cemetery</u>	23d. LOCATION (City, town, or county) <u>Clarkton, Missouri, Rte. 1</u>	

24. FUNERAL DIRECTOR <u>Landess Funeral Home, Campbell, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 7-1961</u>	26. REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MS AUG 1 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 Christine M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell

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.