

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025952

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 114

AMENDED

FILED JUL 19 1961

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Adams</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Callao Township</u> | Length of stay in 1b <u>minutes</u> | c. CITY OR TOWN <u>Quincy</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>Burlington R.R. Train</u> | | d. STREET ADDRESS <u>730 S. 22nd.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Lydia</u> Middle <u>Louise</u> Last <u>Pellmann</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>7</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>12/24/1892</u> | 9. AGE (last birthday) <u>68</u> | 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) <u>Housewife.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and state or country) <u>Quincy, Ill.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>George Mester</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Hoxel</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dec.</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> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT <u>E.W. Pellmann</u> Address <u>Omaha, Neb.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH <u>Undeclared</u> |
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | |
| DUE TO (b) _____ | | |
| DUE TO (c) _____ | | |

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| 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 | |
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| 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | |

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|--|--|------------------------------|--------|-------|
| 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 July 7-1961 to July 7, 1961 and last saw her alive on _____
Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|------------------------------|-----------------------------------|
| 22a. SIGNATURE <u>Howard H. Miller MD</u> (Degree or title) | 22b. ADDRESS <u>Macon</u> | 22c. DATE SIGNED <u>7/8/61</u> |
|--|------------------------------|-----------------------------------|

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|--|-----------------------------------|--|--|--------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 10, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenmount Cem.</u> | 23d. LOCATION (City, town, or county) <u>Quincy, Ill.</u> | (Side) |
|--|-----------------------------------|--|--|--------|

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| 24. FUNERAL DIRECTOR <u>Lester Hutton, Macon, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>7-11-61</u> | 26. REGISTRAR'S SIGNATURE <u>Kath W. Neely</u> |
|--|--|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUL 20 1961

MAY 15 1962

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 Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macow 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.