MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026356
STATE FILE NUMBER

AMENDED

Registration District No. 301 Primary Registration District No. 4451 Registrar's No. 48

FILED JUL 17 1961

1. PLACE OF DEATH
a. COUNTY RIPLEY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NAYLOR — Length of stay in 1b YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MORGAN STREET — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First MARY Middle DORINDA Last DAUBS
4. DATE OF DEATH Month JUNE Day 30 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9/22/1867
9. AGE (last birthday) 93
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 AT HOME
11. BIRTHPLACE (City and state or country) PRINCETON - IND.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE ASHER
13b. MOTHER'S MAIDEN NAME SARAH E. SKELTON
14. NAME OF HUSBAND OR WIFE DECEASED
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. OLIVE WIATT Address ST. LOUIS, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c) Advanced Age

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. ☐ 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 6-27-61 to 6/30/61 and last saw ~~him~~ her alive on 6-30-61
Death occurred at 12:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Smith (Degree or title) D.O.
22b. ADDRESS Naylor, Mo.
22c. DATE SIGNED 7-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/3/1961
23c. NAME OF CEMETERY OR CREMATORY New Hope Cem.
23d. LOCATION (City, town, or county) (State) RIPLEY County, Mo.
24. FUNERAL DIRECTOR Edwards-Parrent ADDRESS Naylor, Mo.
25. DATE RECD. BY LOCAL REG. 7-10-61
26. REGISTRAR'S SIGNATURE Flavas Broz

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Gene A Parrent

Signature of Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Taylor, 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.