

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

-61-031540

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 525 Primary Registration District No. 4479 Registrar's No. 19

FILED SEP 1 1961

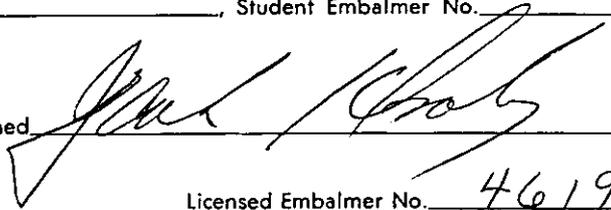
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Queen City</u>		Length of stay in lb <u>16 yrs</u>	c. CITY OR TOWN <u>Queen City</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			Inside limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Queen City</u>		
3. NAME OF DECEASED (Type or print) First <u>Stella</u> Middle <u>May</u> Last <u>Harbert</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>27</u> Year <u>'61</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>5-27-1875</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>rural Queen City Mo</u>		
13a. FATHER'S NAME <u>Fred Fugge</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Jacoby</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Hilda Harbert</u>	14. NAME OF HUSBAND OR WIFE <u>Cyrus L. Harbert</u> Address <u>Queen City, Mo</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>Medullary Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastatic carcinoma</u>				<u>2 yrs</u>		
DUE TO (c) <u>carcinoma of the breast</u>				<u>5 yrs</u>		
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 <u>8.15</u> a.m. <u>p.m.</u> Month, Day, Year	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 <u>Sept 1950</u> to <u>Aug 27, 1961</u> and last saw her <u>her</u> alive on <u>Aug 27, 1961</u> Death occurred at <u>8.15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Eleanor Roberts, DO.</u> (Degree or title)			22b. ADDRESS <u>Queen City, Mo.</u>		22c. DATE SIGNED <u>8/27/61</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 30 '61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Queen City Mo</u>		
24. FUNERAL DIRECTOR <u>Dorley Funeral Home</u> ADDRESS <u>Queen City</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 29, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Florence Shepherd</u>			

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  _____

Licensed Embalmer No. 4619

P. O. Address Queen City

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.