

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-031713

STATE FILE NUMBER

AMENDED

Registration District No. 3000 Primary Registration District No. 283 Registrar's No. 283

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in lb years	c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic		d. STREET ADDRESS (If outside, give location) 509 W. Gardner	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HATTIE MILLER			4. DATE OF DEATH Month Day Year October 2 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/2/78
9. AGE (last birthday) 83		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) home maker		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Knox Co. Mo.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME John Rule	13b. MOTHER'S MAIDEN NAME Fannie Sharp
14. NAME OF HUSBAND Frank		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Stella Upright, Kirksville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary fracture; fracture; debility DUE TO (b) carcinomatosis DUE TO (c) hepatic carcinoma - metastatic (primary site not known) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Patient claimed had colon resection for Ca of same - 2 years ago exact date not known	
PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 9/9/61 to 10/2/61	
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	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 9/9/61 to 10/2/61 and last saw her alive on 10/2/61 Death occurred at 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		her 4:05 p.m.	
22a. SIGNATURE Milvan Lesko, DO.		22b. ADDRESS Delaware St. Hosp. Kirkville, Mo	22c. DATE SIGNED 10/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 5 1961	23c. NAME OF CEMETERY Woodlawn	23d. LOCATION (City, town, or county) Macon, Macon, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.	ADDRESS 10-5-1961	25. DATE RECD. BY LOCAL REG. 10-5-1961	REGISTRAR'S SIGNATURE Doris W. Ratliff

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION

MILAN LESTO, D.O.

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.