

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-035390

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2658

AMENDED

FILED SEP 27 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COUNTY Missouri St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellston		Length of stay in 1b YRS.	c. CITY OR TOWN Wellston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6426 Derby Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6426 Derby Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Clara Bell Millner			4. DATE OF DEATH Month Day Year September 19, 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 2/19/1878	9. AGE (last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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) Ripley Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME W.D. Payne		13b. MOTHER'S MAIDEN NAME Martha Thompson		14. NAME OF HUSBAND OR WIFE Marcus Millner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Ruth Petty, 6426 Derby Ave.	

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 3 days
IMMEDIATE CAUSE (a) Vasomotor collapse			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary occlusion	1 day	
	DUE TO (c) Carcinomatosis	6 mos	
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 a.m. p.m. 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 Aug. 17, 1961 to Sept. 19, 1961 and last saw her ^{her} ~~him~~ alive on Sept. 19, 1961
Death occurred at 9:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
L. J. F. Snyder, D.O.

22b. ADDRESS
9409 W. Millton

22c. DATE SIGNED
9-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
9-22-61

23c. NAME OF CEMETERY OR CREMATORY
Local Cemetery

23d. LOCATION (City, town, or county) (State)
Doniphan, Mo.

24. FUNERAL DIRECTOR ADDRESS
Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.
9-21-61

26. REGISTRAR'S SIGNATURE
John C. Mumfley, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 _____

Elmo R Cadwell

Licensed Embalmer No. 4077

P. O. Address St Louis

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.