

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035903

STATE FILE NUMBER

AMENDED

Registration District No. 37 Primary Registration District No. 4249 Registrar's No. 46

FILED NOV 7 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u>		Length of stay in 1b <u>1 year</u>	c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>State Hospital</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lillie May</u> Middle <u>Rowe</u> Last <u>Rowe</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>28</u> Year <u>1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</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>12/18/76</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of year last, if even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Monroe County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>David Bance</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Edgar G. (deceased)</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>Eric G. Rowe</u> Address <u>Centralia, 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>Hypostate Pneumonia</u> DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>6h</u> <u>Unknown</u> <u>Unknown</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 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>10:00A</u> Month, Day, Year <u>Jan - 59</u>	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>Jan - 59</u> to <u>10 - 28 - 61</u> and last saw her <u>alive</u> on <u>10 - 28 - 61</u> Death occurred at <u>10:00A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>M. Kelley MD</u>			22b. ADDRESS <u>Probasco Mo</u>		22c. DATE SIGNED <u>10-30-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 30, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	23d. LOCATION (City, town, or county) (State) <u>northeast of Centralia, Mo.</u>			
24. EMPLOYER'S NAME <u>Bessie Mabel Centralia, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 2 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Maud M^cBride</u>			

NOV 8 1961

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 Bee J. Meadows

Licensed Embalmer No. 4876

P. O. Address Centelia, Missouri

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.