

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036672

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3022 Registrar's No. 137

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethany</u>		Length of stay in 1b <u>149 months</u>	c. CITY OR TOWN <u>Bethany</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 <u>Parkview 2518</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Parkview 2518</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Euseba - Jane - Malin's</u>			4. DATE OF DEATH Month Day Year <u>10 - 27 - 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>1-13-67</u>	9. AGE (last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>9 18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeper own Home Green Co. Tenn</u>	11. BIRTHPLACE (City and state or country) <u>Tenn</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>	

13a. FATHER'S NAME <u>Henry B. Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Catherin J. Milligan</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Malin's</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Rayman Malin's Bethany mo</u> Address	

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 <u>Unknown</u>
IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u>			
DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u>			
DUE TO (c) _____			
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 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 10/27/61 to _____ and last saw her alive on 10/27/61
Death occurred at 8:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. P. Titmarsh M.D.</u> (Degree or title)	22b. ADDRESS <u>Bethany MO</u>	22c. DATE SIGNED <u>10/30/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>1/2 North Ridgeway mo.</u>
24. FUNERAL DIRECTOR <u>Baggers Funeral Home RRB</u> ADDRESS <u>Ridgeway mo</u> (Licensed Embalmers' Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. <u>10-30-1961</u>	26. REGISTRAR'S SIGNATURE <u>Jella Mayey</u>

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert R. Burgess

Licensed Embalmer No. 95-76

P. O. Address Ridgeway M

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.