

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-038207

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED Registration District No. 346 Primary Registration District No. 3059 Registrar's No. 429

FILED NOV 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in lb 4 Hrs.		c. CITY OR TOWN Elvins,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 137 Fite St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last ALTA MAE MEDLEY				4. DATE OF DEATH Month Day Year Nov- 4, 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 7/12/1878		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 3 Days 22		IF UNDER 24 HR 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 Dent County, Mo.				11. BIRTHPLACE (City and state or country) U.S.A.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John Moffitt				13b. MOTHER'S MAIDEN NAME Melissa Pankey				14. NAME OF HUSBAND OR WIFE Daniel Troy Medley							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no						17. INFORMANT Address Irvin Medley Elvins, 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) Gastro-intestinal hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH 8 hours.															
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 Nov. 4, 1961 to Nov. 4, 1961 and last saw her alive on Nov. 4, 1961 Death occurred at 6:15 A on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (By name or title) <i>Lach Muller</i>						22b. ADDRESS Bonne Terre, Missouri				22c. DATE SIGNED 11/6/61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/6/61		23c. NAME OF CEMETERY OR CREMATORY Layne Cemetery				23d. LOCATION (City, town, or county) (State) Elvins, Mo.							
24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 6, 1961		26. REGISTRAR'S SIGNATURE <i>Ether Rulloff</i>									

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 *Murphy L. Spauld*
Licensed Embalmer No. 4236
P. O. Address *Flat River*

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.