

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-041636**

STATE FILE NUMBER

AMENDED

Registration District No. 381 Primary Registration District No. 3039 Registrar's No. 101

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY <b>LINN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LINN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARCELINE</b>		Length of stay in 1b <b>1 WEEK</b>	c. CITY OR TOWN <b>MARCELINE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>330 E. BOOKER</b>
3. NAME OF DECEASED (Type or print) First <b>LUCY</b> Middle Last <b>BAER</b>		4. DATE OF DEATH Month <b>NOV.</b> Day <b>27.</b> Year <b>1961</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/3/1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>78</b>
11. BIRTHPLACE (City and state or country) <b>CHARITON, CO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM RILEY</b>		13b. MOTHER'S MAIDEN NAME <b>MELVINA DUVALL</b>	
14. NAME OF HUSBAND OR WIFE <b>SYL</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>SYL BAER MARCELINE, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Prostate &amp; Metastases</b>			INTERVAL BETWEEN ONSET AND DEATH
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) <b>Empyema of Bladder</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <b>11-27-61</b> to <b>11-27-61</b> and last saw her alive on <b>11-27-61</b> Death occurred at <b>11:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John W. [Signature]</b> (Degree or title)		22b. ADDRESS <b>Marceline, Mo</b>	
22c. DATE SIGNED <b>11-27-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>11/29/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET</b>	23d. LOCATION (City, town, or county) (State) <b>MARCELINE, MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>James McLaughlin Marceline, MO</b>		25. DATE RECD. BY LOCAL REG. <b>11-27-1961</b>	26. REGISTRAR'S SIGNATURE <b>Anna Watson</b>

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**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 Gerald F. Wash

Licensed Embalmer No. 4172

P. O. Address Crown

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.