MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000929

STATE FILE NUMBER

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 57

FILED JAN 30 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Twp — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Pattonsburg — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Daviess
c. CITY OR TOWN Pattonsburg — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Benton Twp — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Lillie Middle Agnes Last Weldon

4. DATE OF DEATH Month Jan Day 20 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Aug 13 1877
9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — 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 Housewife
11. BIRTHPLACE (City and state or country) Daviess Co Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J. T. Meadows
13b. MOTHER'S MAIDEN NAME Mary Eberle
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT Mrs Gary Bert Address Pattonsburg Mo

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Cardio-respiratory failure	Immed.
DUE TO (b)	Cerebro-Vascular Accident	3 days.
DUE TO (c)	Arteriosclerosis	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 27, 1961, to Jan 20, 1962 and last saw her/him alive on Jan. 20, 1962
Death occurred at 11:50 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Larry Dowell M.D.
22b. ADDRESS Pattonsburg, Mo.
22c. DATE SIGNED 1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-22-62
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) (State) Pattonsburg Mo.

24. FUNERAL DIRECTOR Roberson Chapel ADDRESS Pattonsburg Mo.
25. DATE RECD. BY LOCAL REG. 25 Jan. 1962
26. REGISTRAR'S SIGNATURE Virgil M Evangelhart

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1962

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_____ Signed Harvey A. Robinson
Signature of Student Embalmer

Licensed Embalmer No. 5975

P. O. Address Tarboro, N.C.

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.