

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002385

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 17

STATE FILE NUMBER

AMENDED

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOACHIM TOWNSHIP</u>		c. CITY OR TOWN <u>HILLSBORO</u>	
Length of stay in lb <u>3 DAYS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF. MEMORIAL HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>R. R. #2</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GRACIA</u> Middle <u>MAY</u> Last <u>LAND</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>14</u> Year <u>1962</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-27-01</u>	9. AGE (last birthday) <u>60</u>	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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME MAKER</u>		11. BIRTHPLACE (City and state or country) <u>DAVISVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>

13a. FATHER'S NAME <u>MOSES H. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN ANDREWS</u>		14. NAME OF HUSBAND OR WIFE <u>ROLAND F. LAND</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>UNKNOWN</u>		17. INFORMANT <u>ROLAND F. LAND, HILLSBORO, MO.</u>	
				Address <u>R. R. #2</u>	

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) <u>Hypovolemia</u>			<u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>Pelvic Hemorrhage -</u>			<u>1 week</u>
DUE TO (c) <u>Ca. widespread Bladder</u>			<u>3 yrs -</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	
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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 <u>Crystal City Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>Jan 12-62</u> to <u>Jan 14-62</u> and last saw her/him alive on <u>Jan 14 1962</u> Death occurred at <u>2:10 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>W. T. Judge M.D.</u>		22b. ADDRESS <u>Crystal City Mo</u>		22c. DATE SIGNED <u>16 Jan 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>18-17-62</u>	23b. DATE <u>18-17-62</u>	23c. NAME OF CEMETERY OR CANNIBORY <u>DAVISVILLE</u>	23d. LOCATION (City, town, or county) (State) <u>DAVISVILLE MO.</u>	

24. FUNERAL DIRECTOR <u>HALBERT FUNL HOME, STEELVILLE, MO</u>	ADDRESS <u>1-16-62</u>	25. DATE RECD. BY LOCAL REG. <u>1-16-62</u>	26. REGISTRAR'S SIGNATURE <u>Juan G. Pugh</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1964

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 James Richard Cody

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY

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.