MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-004959
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1

FILED JAN 19 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Greendale — Length of stay in 1b: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ~~17 Greendale Dr.~~ — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Tenn. b. COUNTY:
c. CITY OR TOWN: Johnson City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ~~Boone Lake Trailer Ct.~~ — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FLORA Middle ALICE Last OUTLAW
4. DATE OF DEATH: Month Jan. Day 1 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/20/83
9. AGE (last birthday): 78 — 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): Companion
10b. KIND OF BUSINESS OR INDUSTRY: Invalids
11. BIRTHPLACE (City and state or country): Swannanoa N. C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Sam Davidson
13b. MOTHER'S MAIDEN NAME: Nan Sherrill
14. NAME OF HUSBAND OR WIFE: Ben C. Outlaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
17. INFORMANT: Alic V. McLaughlin Address: 17 Greendale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH: Unk
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): Collapsed while frying bacon in kitchen of home where she was visiting
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.): Sudden death
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 ____, to ____ and last saw her/him alive on ____
Death occurred at 8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Hall (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 1/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan. 2, 1962
23c. NAME OF CEMETERY OR CREMATORY: Swannanoa Presbyterian Church Cemetery
23d. LOCATION (City, town, or county) (State): N. C.

24. FUNERAL DIRECTOR: Cullen Kelly ADDRESS: 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG.: 1-1-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.