

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005092

STATE FILE NUMBER

FILED JAN 3 1962
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Primary Registration District No. 4474 Registrar's No. 4

AMENDED

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY PETTIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS		Length of stay in lb 10 DAYS.	c. CITY OR TOWN HOUSTONIA
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First E.H.A. Middle PORTER Last WILSON			4. DATE OF DEATH Month 1 Day - 25 Year 1962
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-4-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 87
11. BIRTHPLACE (City and state or country) HOUSTONIA Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FREDERICK Wilson		13b. MOTHER'S MAIDEN NAME ELIZABETH PORTER.	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address W^o F. Wilson - HOUSTONIA 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) Pulmonary edema DUE TO (b) Chronic myocarditis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 4 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile psychosis			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year a.m. - p.m.			
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 Sept '58 to Jan '62 and last saw her alive on 25 Jan '62 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul M. Moore, M.D.		22b. ADDRESS Sweet Springs, Mo	22c. DATE SIGNED 27 Jan 62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-28-62	23c. NAME OF CEMETERY OR CREMATORY HOUSTONIA CEMETERY	23d. LOCATION (City, town, or county) (State) HOUSTONIA Mo
24. FUNERAL DIRECTOR Paul M. Moore - La Monte, Mo		25. DATE RECD. BY LOCAL REG. Jan. 28, 1962	26. REGISTRAR'S SIGNATURE Mary Mosley

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

MAR 21 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 _____

Signature of Student Embalmer

Signed

Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte Mo.

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.