

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9 -62-005289

STATE FILE NUMBER

AMENDED

Registration District No. 366 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED JAN 24 1962**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Wash.</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty</b>		Length of stay in lb <b>50 yrs.</b>		c. CITY OR TOWN <b>Potosi,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 miles NW Potosi, Mo</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt 2</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LOuella</b> Middle <b>NMN</b> Last <b>Walls</b>				4. DATE OF DEATH Month <b>Jan</b> Day <b>19,</b> Year <b>1962</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-6-1889</b>	9. AGE (last birthday) <b>72</b>	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) <b>house-wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City, and state or country) <b>Iron County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>George Dodson</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Alridge</b>			14. NAME OF HUSBAND OR WIFE -----	
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>Edgar Walls, Rt.#2, Potosi, 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) _____ DUE TO (b) <b>Pneumonia following</b> DUE TO (c) <b>Influenza, with myocarditis syndromatosa</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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	
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 _____ Month; Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Dec 25 1956</b> to <b>Jan 19</b> and last saw her alive on <b>Jan 18, 1962</b> Death occurred at _____ a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or wife) <b>E. F. Presswell</b>				22b. ADDRESS <b>Potosi, Mo.</b>		22c. DATE SIGNED <b>1/20/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-21-1962</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Pleasant Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Rt. 2, Potosi, Missouri</b>		
24. FUNERAL DIRECTOR <b>Donald Sparks Potosi, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>1/20/62</b>	26. REGISTRAR'S SIGNATURE <b>Edmund Endall</b>		

DATE AMENDED \_\_\_\_\_  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS \_\_\_\_\_  
 INSTEAD OF \_\_\_\_\_  
 DOCUMENT \_\_\_\_\_  
 MEDICAL CERTIFICATION \_\_\_\_\_  
 SHOULD READ \_\_\_\_\_  
 BY AFFIDAVIT OF \_\_\_\_\_

JAN 25 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 Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Peters, 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.