

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005298

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 377 Primary Registration District No. 45745 Registrar's No. 12

FILED FEB 5 1962

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARSHFIELD</u> | | Length of stay in 1b <u>5 WEEKS</u> | c. CITY OR TOWN <u>SEYMOUR</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) <u>WEBSTER Co. REST HOME</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>WEBSTER Co. REST HOME</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>NILA</u> Middle <u>BELLE</u> Last <u>DAVIS</u> | | | 4. DATE OF DEATH Month <u>1-</u> Day <u>11-</u> Year <u>62</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 16, 1882</u> | 9. AGE (last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WEBSTER Co. MO.</u> | 11. BIRTHPLACE (City and state or country) <u>USA</u> | | |
| 13a. FATHER'S NAME <u>WILLIAM DOBBY</u> | | 13b. MOTHER'S MAIDEN NAME <u>SARAH THRONSBERRY</u> | | 14. NAME OF HUSBAND OR WIFE <u>DEC.</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>NONE</u> | 17. INFORMANT <u>HOWARD DAVIS SEYMOUR MO.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEPSIS</u> DUE TO (b) <u>LOBAR PNEUMONIA</u> DUE TO (c) <u> </u> 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 checked="" 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | 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 <u>1-5-62</u> to <u>1/11/62</u> and last saw her <u>alive</u> on <u>1/11/62</u> . Death occurred at <u>10:15</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> | | | 22b. ADDRESS <u>Marshfield, Mo.</u> | | 22c. DATE SIGNED <u>1/20/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>1-14-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR MASONIC</u> | | 23d. LOCATION (City, town, or county) <u>WEBSTER Co. MO.</u> | (State) |
| 24. FUNERAL DIRECTOR <u>Robert Bergman Seymour, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-29-62</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

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 Max J. Miller

Licensed Embalmer No. 4720

P. O. Address Manchester, 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.