

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006978
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 37

AMENDED

FILED MAR 14 1962

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS, MO.		c. CITY OR TOWN FESTUS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 South 4th. St.		d. STREET ADDRESS (If outside, give location) 109 SOUTH 4th. ST.	
3. NAME OF DECEASED (Type or print) First HENRIETTA Middle I. Last TULLOCK		4. DATE OF DEATH Month 3 Day 8 Year 62	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-1-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY WORK GENERAL HOUSE	11. BIRTHPLACE (City and state or country) HENDERSON, KY.
13a. FATHER'S NAME HENRY SMITH		13b. MOTHER'S MAIDEN NAME ELLA SCHAFER	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) No		16. SOCIAL SECURITY NO.	17. INFORMANT JUANITA HENDERSON FESTUS, 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) Atherosclerosis of heart disease DUE TO (b) Generalized atherosclerosis DUE TO (c) _____ 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) Nephrosclerosis			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 _____			
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 3, 1961 to Jan 6, 1962 and last saw her alive on Jan 6, 1962 Death occurred at 3:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Boston Dolgoff (Degree or title)		22b. ADDRESS Festus, Mo	22c. DATE SIGNED 2/8/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-14-62	23c. NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY	23d. LOCATION (City, town, or county) (State) FESTUS, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-10-62	26. REGISTRAR'S SIGNATURE Shirley A. Fisher

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

MAR 20 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 Gentry P. Palitte
Licensed Embalmer No. 3481

P. O. Address Crystal City - 07

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.