

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007077

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 171 STATE FILE NUMBER

FILED MAR 14 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>LAWRENCE</u>	a. STATE	<u>Mo.</u> b. COUNTY <u>TANEY</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>MT. VERNON</u>	c. CITY OR TOWN	<u>Protem</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Mo. STATE SAN</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<u>JESSIE</u>	<u>MAE</u>	<u>RHODES</u>	<u>MARCH</u>	<u>10</u>
Year	<u>1962</u>			
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
<u>F</u>	<u>W</u>		<u>4-26-74</u>	<u>87 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of country)	12. CITIZEN OF WHAT COUNTRY
<u>HOUSEWIFE</u>			<u>KANSAS</u>	<u>U.S.</u>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>CHARLES FREDRICK YOUNG</u>	<u>MARY TANEY HILL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT
	<u>DIVE</u>	<u>Mo. STATE SAN.</u>
		Address <u>MT. VERNON Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>CEREBRO-VASCULAR ACCIDENT</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>DUE TO (b) CEREBRAL ARTERIOSCLEROSIS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
<u>PULMONARY TUBERCULOSIS, FAR ADV. ACTIVE</u>		

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 Oct 20, 1960 to MARCH 10, 1962 and last saw her alive on MARCH 10/62
 Death occurred at Mo STATE SAN 3:20A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>[Signature]</u>		<u>Mo. S.S. Mt. Vernon, Mo.</u>	<u>3-10-62</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>3-12-62</u>	<u>Ocie Cemetery</u>	<u>Ocie Mo.</u>

24. FUNERAL DIRECTOR	ADDRESS	25. DATE REC'D. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Welch F. Home</u>	<u>Branson, Mo.</u>	<u>3-12-62</u>	<u>[Signature]</u>

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

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 Mat R Fossett

Licensed Embalmer No. 4252

P. O. Address M. Vernon

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.