

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007483

STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 316

FILED FEB 27 1962

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>		Length of stay in 1b <u>55 Yrs</u>	c. CITY OR TOWN <u>LOUISIANA</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>PAC Co. HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>211 DELEWARE</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LIZZIE ELLEN PATRICK</u>		4. DATE OF DEATH Month Day Year <u>FEB 21 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>10-29-1879</u>
9. AGE (last birthday) <u>82.</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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>HOMEMAKE R. FOOD HOUSE ILL</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME <u>ISAAC BEASLEY</u>	
14. NAME OF HUSBAND OR WIFE		15. MOTHER'S MAIDEN NAME <u>ELLEN GRAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If in war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>MRS LAURA HALLOWS</u>		Address <u>LOUISIANA 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>Coronary artery occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic hypertensive cardio vascular disease.</u>			<u>10 yrs +</u>
DUE TO (c) <u>Diabetes Mellitis</u>			<u>10 yrs +</u>
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 a.m. p.m. 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 <u>4/5/58</u> to <u>2/21/62</u> and last saw her <u>living</u> alive on <u>9:20 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		Death occurred at <u>9:20 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Chas H Swellen MD</u>		22b. ADDRESS <u>122 S. 3rd St. Louisiana, Mo</u>	
22c. DATE SIGNED <u>2/22/62</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEM. RFD LOUISIANA MO.</u>	
23d. LOCATION (City, town, or county) (State) <u>LOUISIANA MO.</u>		24. FUNERAL DIRECTOR ADDRESS <u>GEO M COLLIER LOUISIANA</u>	
25. DATE RECD. BY LOCAL REG. <u>Feb 26-62</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</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 Geo. M. Collier

Licensed Embalmer No. 3839
P. O. Address Louisiana

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.