

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011868

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10411
20411

3
4 1
5 2
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7 0
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9733X
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12 1-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED APR 12 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Macon</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u> Length of stay in 1b <u>6 Days.</u></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u></p> <p>c. CITY OR TOWN <u>Macon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>506 Weller</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Minnie - Brammer</u></p>		<p>4. DATE OF DEATH Month Day Year <u>Mar. 23 1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>July 25, 1870</u></p>
<p>9. AGE (last birthday) <u>91</u></p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>-</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Bevier, Mo.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>Alec Rector</u> 13b. MOTHER'S MAIDEN NAME <u>Ann Reed</u> 14. NAME OF HUSBAND OR WIFE <u>Dec.</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>no.</u></p>	<p>17. INFORMANT Address <u>Clella Colville Macon, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Cardio-renal insufficiency</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Spinal arthritis</u></p> <p>DUE TO (c) <u>osteoporosis-generalized</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>gastric degeneration - subacute</u></p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>years</u> <u>years</u></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>1946</u> to <u>7:15 P.</u> and last saw her alive on <u>Mar. 23, 1962</u>. Death occurred at <u>7:15 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>Donald E Eggleston MD</u></p>		<p>22b. ADDRESS <u>Macon, Missouri</u></p>	<p>22c. DATE SIGNED <u>29 Mar 62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>Mar. 25, 1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Richardsdale Cem.</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Bevier, Mo.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Leiter Helton Macon, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>4/2/62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Carl McNeely</u></p>

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 Charles L. Gutton

Licensed Embalmer No. 4577

P. O. Address Macow 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.