

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011972

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5119 Registrar's No. 20

FILED MAR 28 1962

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 <u>0660</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
2 <u>0660</u>	INSTEAD OF				
3	DOCUMENT				
4 <u>1</u>	MEDICAL CERTIFICATION				
5 <u>1</u>	BY AFFIDAVIT OF				
6	SHOULD READ				
7 <u>1</u>	ITEM NO.				
8 <u>17</u>	BY AFFIDAVIT OF				
9 <u>170X</u>					
10					
11					
12 <u>91-2</u>					
13 <u>2-0</u>					

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Franklin Township</u>		c. CITY OR TOWN <u>Lane Ozark</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hy 54 In Route to Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Lane Ozark, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Gladys</u> Middle <u>Irene</u> Last <u>Gedney</u>			4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/28/97</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>64</u>
11. BIRTHPLACE (City and state or country) <u>Pittsburg, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Scholyer Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Murphy</u>	
14. NAME OF HUSBAND OR WIFE <u>Ray Gedney</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>Unknown</u>		17. INFORMANT <u>Ray Gedney</u> Address <u>Lane Ozark, 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>Carcinomatosis</u> DUE TO (b) <u>Primary Carcinoma of Breast</u> 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)			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 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>Mar. 28, 1959</u> to <u>Mar. 21, 1962</u> and last saw her <u>live</u> on <u>Mar. 21, 1962</u> Death occurred at <u>9:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert E. Moran D.O.</u> (Degree or title)		22b. ADDRESS <u>Lane Ozark, Mo.</u>	
22c. DATE SIGNED <u>3/22/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal/Burial</u>	23b. DATE <u>3/22/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	23d. LOCATION (City, town, or county) (State) <u>Pittsburg, Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Phillips Funeral Home, Eldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 22, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Alberetta Waltz</u>

APR 3 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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.