

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012050
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 102

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 9 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | |
|---|----------------------------------|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u> | | Length of stay in 1b <u>2 weeks</u> | | c. CITY OR TOWN <u>Pickering</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>none</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>GRACIE</u> Middle <u>LEE</u> Last <u>ANDERSON</u> | | | 4. DATE OF DEATH Month <u>3</u> Day <u>26</u> Year <u>62</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/22/03</u> | 9. AGE (last birthday) <u>58</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (City and state or country) <u>Pickering, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Ike Anderson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>none</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. | |
| 17. INFORMANT <u>Mr. Bennie Anderson, Pickering, 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>Bronchopneumonia bilob</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>3° Bralopge, uterine prolapse, system, obesity, anemia, severe atropine withdrawal</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <u>3/11/62</u> | | 20g. COUNTY <u>White Oak</u> | | 20h. STATE <u>Pickering, Missouri</u> | |
| 21. I attended the deceased from <u>7:10</u> to <u>3/25/62</u> and last saw her alive on <u>3/25/62</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u> | | 22b. ADDRESS <u>Marquillo Mo</u> | |
| 22c. DATE SIGNED <u>3/28/62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>3/28/62</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u> | | 23d. LOCATION (City, town, or county) <u>Pickering, Missouri</u> | | 24. FUNERAL DIRECTOR <u>Price Funeral Home, Maryville, Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>3-31-62</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</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 John W. Price

Licensed Embalmer No. 4281
P. O. Address Maryville 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.