MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014030
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5035 Registrar's No. 101

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0040
2 0040 1
3
4 1
5 1
6
7 0
8 2
9 199.2
10
11
12 90-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 2 1962

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saling TN
Length of stay in Ib: 22 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence Rte 2
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Audrain
c. CITY OR TOWN: Centralia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Effie Middle: Mildred Last: McBride
4. DATE OF DEATH: Month: April Day: 26 Year: 1962
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/11/1903
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months: 0 Days: 15
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Monroe County Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Edward Ball
13b. MOTHER'S MAIDEN NAME: Ruth Luttrell
14. NAME OF HUSBAND OR WIFE: Roscoe V. McBride
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Address: Roscoe V. McBride, Centralia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis abdomen, primary site
DUE TO (b): undetermined.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 4 months
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb. 1962, to April 1962 and last saw her/him alive on Apr. 18, 1962
Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Owell Fleming Jr MD
22b. ADDRESS: Moberly, Mo.c
22c. DATE SIGNED: 4/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 28, '62
23c. NAME OF CEMETERY OR CREMATORY: Centralia
23d. LOCATION (City, town, or county) (State): Centralia, Mo.
24. FUNERAL DIRECTOR: Bill Jo Meador ADDRESS: Centralia, Missouri
25. DATE RECD. BY LOCAL REG.: 4-28-1962
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.