MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-015933
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0591
2 0580
3
4 1
5 2
6
7 2
8 0
9 334X
10
11
12 86-0
13 2-0

Registration District No. 981 Primary Registration District No. 3098 Registrar's No. 82

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marceline
Length of stay in 1b: 2 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Florence Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Linn
c. CITY OR TOWN: Marceline
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Susan Middle: Last: Reynolds

4. DATE OF DEATH: Month: April Day: 26 Year: 1962

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/24/1866
9. AGE (last birthday): 95
IF UNDER 1 YEAR: Months 8 Days 2
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: Retired
11. BIRTHPLACE (City and state or country): Seaforth Ontario Can.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Lancaster
13b. MOTHER'S MAIDEN NAME: Mary Dangerfield
14. NAME OF HUSBAND OR WIFE: Clarence (dec)

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: Marie Reynolds Address: Marceline, 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): Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis with cerebral — indefinite
DUE TO (c): arteriosclerosis & atrophy
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 Jan, 1962 to April '62 and last saw her alive on April 26, 62
Death occurred at 7:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Glennon A Horner, MD
22b. ADDRESS: Marceline, Mo.
22c. DATE SIGNED: 4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 4/28/62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
23d. LOCATION (City, town, or county) (State): Marceline, Mo

24. FUNERAL DIRECTOR ADDRESS: James McLaughlin Marceline, Mo
25. DATE RECD. BY LOCAL REG.: 4-27-62
26. REGISTRAR'S SIGNATURE: Velma Watson Marceline Mo

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Gerald F. Wade

Signature of Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Brown

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.