MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018314

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 72

FILED JUN 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0171
2	0170
3	
4	1
5	1
6	
7	0
8	0
9	174X
10	
11	
12	5-0
13	1-0

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

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton — Length of stay in 1b 10 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Carroll County Memorial — Inside Limits Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print) First Mildred Middle Lucille Last Houseworth

4. DATE OF DEATH Month June 7, Day 1962 Year

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-13-1913

9. AGE (last birthday) 49 — IF UNDER 1 YEAR Months Days — 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 Home

11. BIRTHPLACE (City and state or country) Carroll County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Virgil Clayton

13b. MOTHER'S MAIDEN NAME Minnie Workman

14. NAME OF HUSBAND OR WIFE Aubrey Houseworth

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. unknown

17. INFORMANT Aubrey Houseworth, Address Wakenda, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sarcoma of Uterus with General Metastasis to Lungs & Bone - brain

INTERVAL BETWEEN ONSET AND DEATH 6 mo approx

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)

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 5-1 62, to June 7-62 and last saw her/him alive on June 7-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Eugene L Bales MD.

22b. ADDRESS Carrollton MO

22c. DATE SIGNED 6-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-9-1962

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Carrollton, Missouri

24. FUNERAL DIRECTOR ADDRESS GIBSON FUNERAL HOME, Carrollton, Mo.

25. DATE RECD. BY LOCAL REG. 6-9-1962

26. REGISTRAR'S SIGNATURE Will Moore Dep.

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1966

JUN 26 1962

APR 11 1963

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 James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.