

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019328

FILED MAY 31 1962 157

Registration District No. 3028 Registrar's No. 84

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 497

2 497

3

4 1

5 2

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7 1

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9 465X

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12 91-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u>	
c. FULL NAME OF (IF NOT in hospital/give location) HOSPITAL OR INSTITUTION <u>Ambulance on way to Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>901 Olive</u>	
3. NAME OF DECEASED (Type or print) First <u>Leon</u> Middle <u>W.</u> Last <u>Todd</u>		4. DATE OF DEATH Month <u>5</u> Day <u>18</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-28-1880</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) Months <u>81</u> Days <u>9</u> Hours <u>20</u> Min.
11a. FATHER'S NAME <u>Richard M. Baker</u>		11b. MOTHER'S MAIDEN NAME <u>Louisia Sherrink</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u>None</u>	
13a. FATHER'S NAME <u>Richard M. Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Louisia Sherrink</u>	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14b. SOCIAL SECURITY NO. <u>None</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>		16. INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown cause</u>			
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>Myocardial Cerebral Thrombosis</u>		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>12-26-61</u> to <u>5-18-61</u> and last saw her/him live on <u>1-27-62</u> Death occurred at <u>8 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE of <u>W. J. Miller M.D.</u> (Degree or title)		22b. ADDRESS <u>1515 Hazel Carthage Mo.</u>	
22c. DATE SIGNED <u>12-21-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>R-1-B</u>		23b. DATE <u>5-22-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greys Point</u>		23d. LOCATION (City, town, or county) (State) <u>N. W. of Miller Mo.</u>	
24. FUNERAL DIRECTOR <u>Maxim Leiman</u>		ADDRESS <u>Miller Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5-22-62</u>		26. REGISTRAR'S SIGNATURE <u>W. J. Miller</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 *E. P. Seimon*

Licensed Embalmer No. 3297

P. O. Address Miller 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.