

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023791

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. 122

FILED JUN 28 1962

VS 300  
Rev. 4/59  
  
6550  
20550  
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4 1  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt Vernon Rt # 2</b>  |   | Length of stay in 1b<br><b>5 yrs</b>  | c. CITY OR TOWN <b>Mt Vernon Rt # 2</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt # 2 Mt Vernon, Mo.</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Rt # 2 Mt Vernon</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |
| 3. NAME OF DECEASED<br>(Type or print) <b>Alberta Main</b>   |   |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>22</b> Year <b>1962</b>   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-26-1891</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Shoefactory</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Shoefactory</b>   | 9. AGE (last birthday)<br><b>70</b><br>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.   |
| 11. BIRTHPLACE (City and state or country)<br><b>Monroe County, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S.</b>   |  |
| 13a. FATHER'S NAME<br><b>John Summers</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Elizabeth Webster</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs Roscoe Britt, Mt Vernon Mo.</b>   |  |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><b>Mrs Roscoe Britt, Mt Vernon Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS</b><br>DUE TO (b) <b>METASTASISES FROM BREAST CA</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 year</b>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____<br>Month, Day, Year _____<br>a.m. _____<br>p.m. _____  | 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<br>COUNTY _____ STATE _____   |
| 21. I attended the deceased from <b>JAN. 1962</b> to <b>PRESENT</b> and last saw her alive on <b>6-22-62</b><br>Death occurred at <b>5:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><b>Geo. H. Hobbs, M.D.</b>   |   | 22b. ADDRESS<br><b>Mt. Vernon Mo.</b>   | 22c. DATE SIGNED<br><b>6-23-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>6-25-62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Willow Springs Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Willow Springs, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Cantrell Funeral Home, Mt Vernon, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-25-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ray Southern</b>   |

**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 Wm G Cantrell

Licensed Embalmer No. 5082

P. O. Address Ma Kennon, 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.