

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023830

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 4288 Registrar's No. 94

FILED JUL 11 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moscow Mills</b>		Length of stay in 1b <b>1 Week</b>	c. CITY OR TOWN <b>Troy</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wells Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 2</b>
3. NAME OF DECEASED (Type or print) First <b>Polly</b> Middle <b>Jane</b> Last <b>Orphan</b>		4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/1/77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (last birthday) <b>84</b>
11a. FATHER'S NAME <b>Newton Locke</b>		11b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>None</b>	
13a. FATHER'S NAME <b>Newton Locke</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14b. SOCIAL SECURITY NO. <b>None</b>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		15. BIRTHPLACE (City and state or country) <b>Adams Co. Illinois</b>	
16. FATHER'S NAME <b>Newton Locke</b>		16. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. SOCIAL SECURITY NO. <b>None</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SUBARACHNOID HEMORRHAGE</b>		18. BIRTHPLACE (City and state or country) <b>Adams Co. Illinois</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERIO-SCLEROSIS</b>		18. CITIZEN OF WHAT COUNTRY <b>USA</b>	
DUE TO (c)		19. NAME OF HUSBAND OR WIFE <b>Harry Orphan</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>FILARIASIS LEFT HIP - OPERATED</b>		20. SOCIAL SECURITY NO. <b>None</b>	
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		21. INFORMANT <b>Harry Orphan, Troy, Mo. Rte. 2</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Troy, Missouri</b>		20d. COUNTY <b>Lincoln</b>	
20f. STATE <b>Missouri</b>		20e. DATE RECD. BY LOCAL REG. <b>7-5-1962</b>	
21. I attended the deceased from <b>Sept 1954</b> to <b>7/4/62</b> and last saw her <b>alive on 7/4/62</b> Death occurred at <b>10:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		21. REGISTERAR'S SIGNATURE <b>Charlotte Leek</b>	
22a. SIGNATURE <b>Louis P. Hettling</b>		22b. ADDRESS <b>Troy, Missouri</b>	
22c. DATE SIGNED <b>7/5/62</b>		22d. CITY, TOWN, OR LOCATION (State) <b>St Louis, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/6/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		23d. LOCATION (City, town, or county) <b>St Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-5-1962</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AUG 1 1962  
JUL 19 1962

PERMIT ISSUED JULY 5-1962-C.F.

**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 Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, 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.