

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-023883

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 130

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>FILED JUN 25 1962</b> a. COUNTY <b>LIVINGSTON</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILLICOTHE</b>		Length of stay in lb <b>47 YEARS</b>	c. CITY OR TOWN <b>CHILLICOTHE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>408 GRANDVIEW</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>408 GRANDVIEW</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First <b>MARTHA</b> Middle <b>ALICE</b> Last <b>WILLARD</b>		4. <b>DATE OF DEATH</b> Month <b>JUNE</b> Day <b>14</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>11/13/1888</b>
9. AGE (last birthday) <b>74</b>		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) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and state or country) <b>CRESTON, IOWA</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>SAMUEL STANFORD</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZABETH JOHNSON</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE WILLARD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>GEORGE WILLARD</b> <sup>Address</sup> <b>408 Grandview Chillicothe, Mo.</b>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> DUE TO (b) <u>Generalized pneumonia</u> DUE TO (c) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>3 mos</u> <u>1 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Thyroid adenomata</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 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 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>June 20 1959</u> <u>4:00</u> <u>A</u> and last saw her/him alive on <u>June 14 1962</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>T.L. Milazzo</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>6-15-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/16/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EDGEWOOD CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CHILLICOTHE, MISSOURI</b>
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo</b>		25. DATE RECD. BY LOCAL REG. <u>June 15, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>

**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 *Elton Armes*

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, 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.

*Dr. M. L. G. 2-7-0*