

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027780

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 158

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		c. CITY OR TOWN CHILLICOTHE	
Length of stay in 1b 3 MOS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SUSAN'S NURSING HOME		d. STREET ADDRESS (If outside, give location) 505 2nd. ST.	
3. NAME OF DECEASED (Type or print) First LEWIS Middle WILLIAM Last LABAR		4. DATE OF DEATH Month AUGUST Day 3 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/7/1879
9. AGE (last birthday) 83		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) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) KANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN LABAR	
13b. MOTHER'S MAIDEN NAME ANN ELLIOTT		14. NAME OF HUSBAND OR WIFE EVA MAY FALCONER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. Robt. Tate		Address 418 Cherry St. Chillicothe, 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) Carcinoma of Colon			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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. <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 July 6-62 to Aug 3-62 and last saw him alive on Aug 2-62 Death occurred at 4:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Conrad M.D.		22b. ADDRESS Chillicothe, Mo	
22c. DATE SIGNED Aug 9-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/5/62	
23c. NAME OF CEMETERY OR CREMATORY WHEELING CEMETERY		23d. LOCATION (City, town, or county) WHEELING, MISSOURI	
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.		25. DATE RECD. BY LOCAL REG. Aug 5, 1962	
26. REGISTRAR'S SIGNATURE Annalee Taylor			

AUG 17 1962

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 John P. Rodgers

Licensed Embalmer No. 4963

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.

Date taken to Dr. Conrad 8/4/62
Date Red'c. from Dr. Conrad 8-10-62