

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027816

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Primary Registration District No. \_\_\_\_\_ Registrar's No. 117

FILED JUL 18 1962

VS 300  
Rev. 4/59

1 0610

2 8140

3 2

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7 0

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9 9332X

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12 2-2

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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>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HUDSON</b>		Length of stay in 1b <b>23 months</b>	c. CITY OR TOWN <b>Cedar Rapids</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital, give location) <b>SILL-HILDRETH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>1425 5th. Ave. S.E.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BURLIE</b> Middle <b>SCHIMMELPFENNING</b> Last _____			4. DATE OF DEATH Month <b>7</b> Day <b>15</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/25/1880</b>
9. AGE (last birthday) <b>82</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>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>no</b>	11. BIRTHPLACE (City and state or country) <b>Folk County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Walter</b>	
13b. MOTHER'S MAIDEN NAME <b>Mariah Stevens</b>		14. NAME OF HUSBAND OR WIFE <b>Dec.</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>no</b>	17. INFORMANT <b>Mrs. Opal Gaunt Macon, Mo.</b> Address _____
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>MEDULLARY FAILURE</b> <b>THROMBOTIC ENCEPHALOMALACIA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>ARTERIOSCLEROSIS</b>			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ s.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 <b>8/18/60</b> to <b>7/15/62</b> and last saw her alive on <b>7/15/62</b> Death occurred at <b>5:40</b> p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harry S. Sill DO</b>		22b. ADDRESS <b>Macon, Mo.</b>	22c. DATE SIGNED <b>7/15/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 16/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Salem Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Excelsio, Mo.</b>
24. FUNERAL DIRECTOR <b>Lester Hutton Macon, Mo.</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>7-15-62</b>	26. REGISTRAR'S SIGNATURE <b>Carl McNeely</b>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 24 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 Charles L. Tuttle

Licensed Embalmer No. 4577

P. O. Address Mason 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.