

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028887
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District 1003 Registrar's No. 7614

FILED AUG 13 1962

VS 300
Rev. 4/59

1
2
3
4 1
5 2
6
7 0
8 2
9
10
11 047
12 68-0
13

68

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 7 days	c. CITY OR TOWN Rural-Arcadia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. on Hwy 72.
3. NAME OF DECEASED (Type or print) First Lula Middle Letholt Last		4. DATE OF DEATH Month Aug. Day 3, Year 1962	
5. SEX Female	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 4/10/1876
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Carroll Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME George W. Freeman		13b. MOTHER'S MAIDEN NAME Martha A. Pale	
14. NAME OF HUSBAND OR WIFE John A. Letholt		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 Dolores Weiss, Ironton, 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) PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9047 DUE TO (c) 45			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE CLOSED NECK, LT. FEMUR			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) FALL IN HOME	
20c. TIME OF INJURY Hour 7-28-62 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BAPTIST HOME	
20f. CITY, TOWN, OR LOCATION IRONTON		COUNTY IRON STATE MO.	
21. I attended the deceased from 7-28-1962 to 8-3-1962 and last saw her/him alive on 8-3-1962 Death occurred at 1:20 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edmund J. Carter MD		22b. ADDRESS 950 FRANCIS H.	
22c. DATE SIGNED 8-3-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-4-62	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Braymer, Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo.		25. DATE RECD. BY LOCAL REG. AUG 3 1962	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

OK Helen J. Tolson 8-13-62

AUG 17 1962

STATE BOARD OF HEALTH

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 Pembley

Licensed Embalmer No. 9653
P. O. Address H. C. 8th

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.