

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030206

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 216

FILED AUG 28 1962

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

10147
20147

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton,</u>		Length of stay in lb <u>7 Mo.</u>	c. CITY OR TOWN <u>Fulton, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>410 W. 9th St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Susie Lawrence</u>			4. DATE OF DEATH Month Day Year <u>8 21 62</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4 Mo. 17 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	9. AGE (last birthday) <u>85 Yrs.</u>
13a. FATHER'S NAME <u>Henry Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Brooks</u>	11. BIRTHPLACE (City and state or country) <u>Crow Fork, Mo. Calloway</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>Mrs. Zula Young</u>		Address <u>410 W. 9th St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cachexia</u> DUE TO (b) <u>Pelvic Cancer</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Prior stroke & partial paralysis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u> <u>8 mos +</u>
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 Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1/30/62</u> to <u>death</u> and last saw her <u>alive</u> on <u>8/10/62</u> Death occurred at <u>12:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George H. Goe</u> (Degree or title)		22b. ADDRESS <u>Fulton, Mo.</u>	22c. DATE SIGNED <u>8/23/62</u> (Stamp)
23a. BURIAL CREMATION OR DISPOSITION (Specify)	23b. DATE <u>8/25/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Southside Cemetery</u>	23d. LOCATION (City, town, or county) <u>Fulton, Missouri</u>
24. GENERAL DIRECTOR <u>George H. Goe</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Aug 23-1962</u>	26. REGISTRAR'S SIGNATURE <u>Marette Lawrence</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 19 1962

JUN 19 1963

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 _____

[Handwritten Signature]
Signature of Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 4220

P. O. Address Fulton, 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.