MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031828
STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 41

FILED SEP 11 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

0660
2 0660 1
3
4 1
5 2
6
7 1
8 2
9 334X
10
11
12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Franklin — Length of stay in 1b: 8 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: West-Aurora — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Eldon — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. R. 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Annie Middle: Mc Nown- Dutcher Last:
4. DATE OF DEATH: Month: Aug Day: 31 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 28 July 1874
9. AGE (last birthday): 88
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): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: At-Home
11. BIRTHPLACE (City and state or country): Necedah-Wis.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Alexander- Wake
13b. MOTHER'S MAIDEN NAME: Geneura- Russell
14. NAME OF HUSBAND OR WIFE: Lonnie- Dutcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George- Rawlings Address: Eldon- Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Senility -
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: Not known
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): None
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
20f. CITY, TOWN, OR LOCATION: None COUNTY: STATE:
21. I attended the deceased from 1958 to Aug 31 1962 and last saw her alive on Aug 27 1962
Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: E. O Shelton MD (Degree or title) 22b. ADDRESS: Eldon Mo 22c. DATE SIGNED: Sept 1 '62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: ~~2 Aug~~ Sept. 1962
23c. NAME OF CEMETERY OR CREMATORY: Dooley
23d. LOCATION (City, town, or county): Miller- Co (State): Mo
24. FUNERAL DIRECTOR: Keith- M- Kays ADDRESS: Eldon- Mo
25. DATE RECD. BY LOCAL REG.: Sept. 1, 1962
26. REGISTRAR'S SIGNATURE: Alverretta Wolf

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 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 Keith McKays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.