

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032182

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 363

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 28 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		a. STATE Colorado		b. COUNTY Denver	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desloge		Length of stay in lb 2 months		c. CITY OR TOWN Denver	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 N 7th. St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2747 W 4th. Ave	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Amy Middle Lillian Last Day			Month August Day 17 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1894	9. AGE (last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Barren, Missouri		11. BIRTHPLACE (City and state or country) U S A	
12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME William Henry McCarthy		13b. MOTHER'S MAIDEN NAME Mary Wells		14. NAME OF HUSBAND OR WIFE Charles Day (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. - -		17. INFORMANT Mrs. Lulu Allison, Desloge, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 5 days			
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) Acute renal failure					
DUE TO (b) Acute and chronic glomerulonephritis unknown					
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 checked="" 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 Aug 14 '62 to Aug 17, 62 and last saw her ^{her} alive on Aug 17, 1962		Death occurred at 2:00 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Foster MD		22b. ADDRESS Desloge Missouri		22c. DATE SIGNED 8-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/19/1962		23c. NAME OF CEMETERY OR CREMATORY Howard Mortuary	
23d. LOCATION (City, town, or county) Denver, Colorado					
24. FUNERAL DIRECTOR C. Z. Boyer & Son Desloge, Mo		25. DATE RECD. BY LOCAL REG. Aug 19, 1962		26. REGISTRAR'S SIGNATURE Cather Rudloff	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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Rev. 4/59

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AUG 29 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 Burlin T. Boyer Jr

Licensed Embalmer No. 5117

P. O. Address Bone, Tenn, 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.