

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033577

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5035 Registrar's No. 220

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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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

FILED OCT 9 1962

1. PLACE OF DEATH
a. COUNTY *Andrew*
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Estelina Twp* Length of stay in lb *13 YRS.*
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *R.F.D. # 2* Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Missouri* b. COUNTY *Andrew*
c. CITY OR TOWN *Centralia* Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) *R.F.D. # 2* Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last *Ethel B. Davis*
4. DATE OF DEATH Month Day Year *Oct. 6 - 1962*

5. SEX *Female* 6. COLOR OR RACE *White* 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH *April 19 - 1883* 9. AGE (last birthday) *79*
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife* 10b. KIND OF BUSINESS OR INDUSTRY *Housewife* 11. BIRTHPLACE (City and state or country) *Monroe Co. Mo.* 12. CITIZEN OF WHAT COUNTRY *U. S. A.*

13a. FATHER'S NAME *Thomas H. Hickerson* 13b. MOTHER'S MAIDEN NAME *Nancy Riley* 14. NAME OF HUSBAND OR WIFE *Deceased*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) *No* 17. INFORMANT *Mrs. Jewel Barnes, Centralia, Mo.* 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) *Acute Pulmonary Edema and Myocardial Infarction*
DUE TO (b) _____
DUE TO (c) _____
Disease

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Generalized arteriosclerosis

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *4-18-56* to *10-6-62* and last saw her alive on *10-6-62*
Death occurred at *5:50* A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Robt L. Ward MD* 22b. ADDRESS *Centralia, Missouri* 22c. DATE SIGNED *10-6-1962*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 23b. DATE *Oct. 8 - 1962* 23c. NAME OF CEMETERY OR CREMATORY *Sunset Home Cemetery* 23d. LOCATION (City, town, or county) (State) *Madison, Missouri*

24. FUNERAL DIRECTOR *Paul G. Barnes, Centralia, Mo.* ADDRESS 25. DATE RECD. BY LOCAL REG. *Oct. 6 - 1962* 26. REGISTRAR'S SIGNATURE *Blanche Neely*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Robt L. Ward, MD

OCT 16 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

Paul G. Baller

Licensed Embalmer No. H206

P. O. Address Centerville, 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.