

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 66

FILED SEP 24 1962

VS 300
Rev. 4/59

6090

20090

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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>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GLEN ALLEN</u>		Length of stay in 1b <u>13 mo.</u>	c. CITY OR TOWN <u>GLEN ALLEN</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>Home</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LUCILLE SHEETS</u>		4. DATE OF DEATH Month Day Year <u>SEPT. 9 1962</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 4 1908</u>
9. AGE (last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HR Hours <u>5</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teuf.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>GLEN ALLEN, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>C.H. HOWARD</u>	
13b. MOTHER'S MAIDEN NAME <u>ALMA PEAK</u>		14. NAME OF HUSBAND OR WIFE <u>HARRY SHEETS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes.</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT Address <u>Harry Sheets, Glen Allen Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Starvation dehydration</u> DUE TO (b) <u>metastatic carcinoma of liver and stomach</u> DUE TO (c) <u>Carcinoma of the colon</u> Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.) <u>Opportun.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>one (1) yr.</u>
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 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 <u>8/10/62</u> to <u>9/9/62</u> and last saw her alive on <u>9/9/62</u> Death occurred at <u>12:10</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John D. Englehart D.D.</u>		22b. ADDRESS <u>Lutesville, Mo.</u>	22c. DATE SIGNED <u>9/10/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Sept. 11, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN CEM.</u>	23d. LOCATION (City, town, or county) <u>GLEN ALLEN, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BAKER FUNERAL, LUTESVILLE, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9/10/62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Buford Crader</u>	

USE BLACK INK OR TYPEWRITER RIBBON

JUN 14 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 _____
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.