

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034195

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 5311 Registrar's No. 117

FILED OCT 1 1962

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pilot Grove</u> Length of stay in 1b <u>2 weeks</u>		c. CITY OR TOWN <u>Pilot Grove</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 miles south</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 miles south</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>STELLA-CATHERINE GRAMLICH</u> First Middle Last		4. DATE OF DEATH <u>Sept 26, 1962</u> Month Day Year	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</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>Dec 10, 1899</u> 9. AGE (last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTH PLACE (City and state or country) <u>Pilot Grove, MO</u>
13a. FATHER'S NAME <u>Anthony Wilsonhatt</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Horst</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Gramlich</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Allie Gramlich, Pilot Grove, MO</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: <u>HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE, CARDIAC</u> IMMEDIATE CAUSE (a) <u>ENLARGEMENT AND CONJESTIVE FAILURE, RECENT MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ECZEMATOID DERMATITIS RIGHT LOWER EXTREMITY</u>			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. Month, Day, Year			
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>8/20/62</u> to <u>8 9/16/62</u> and last saw her/him alive on <u>9/19/62</u> Death occurred at <u>APPROXIMATELY 11:30 P.M.</u> on the date stated above, and to the best of my knowledge, and to the causes stated.			
22a. SIGNATURE (Degree or title) <u>William A. Alde M.D.</u>		22b. ADDRESS <u>329 MA IN, BOONVILLE, MISSOURI</u>	22c. DATE SIGNED <u>9/28/62</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>9/29/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, MO</u>
24. FUNERAL DIRECTOR <u>Hays-Pariter, Pilot Grove, MO</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9/28/62</u>	26. REGISTRAR'S SIGNATURE <u>DG Hooper</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.