MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036446

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9378

FILED OCT 1 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis City Hosp. #1 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Francis
c. CITY OR TOWN: Flat River — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 402 High Street — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Lora — Middle — Last McClanahan

4. DATE OF DEATH: Month Sept — Day 27 — Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 7/14/94

9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months 2 Days 13 — 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:

11. BIRTHPLACE (City and state or country): Bismarck Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Samuel D. Woods

13b. MOTHER'S MAIDEN NAME: Angeline Welsh

14. NAME OF HUSBAND OR WIFE: Everett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Roy Mc Clanahah — Address: 3634a Shaw

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cerebrothorax (L) (thoracentesis)

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

DUE TO (b): Metastatic adenocarcinoma ovary

DUE TO (c): 175.0

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.)

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 Sept. 9, 1962, to Sept. 27, 1962 and last saw her/him alive on Sept. 27, 1962

Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph J. Peabody M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 9/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-1-1962

23c. NAME OF CEMETERY OR CREMATORY: Bismarck IOO F

23d. LOCATION (City, town, or county): Bismark, Mo. (State) Mo.

24. FUNERAL DIRECTOR: Murphy Sparks — ADDRESS: Flat River Mo.

25. DATE RECD. BY LOCAL REG.: OCT 1 1962

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 _____

Licensed Embalmer No. 4556

P. O. Address _____

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.