MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-037414
STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 19

FILED OCT 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1070
2 1070
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4 1
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12 70-0
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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: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cabool — Length of stay in 1b: 1½ months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Tindel Apartments — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Texas
c. CITY OR TOWN: Cabool — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Main St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lucinda Middle: Jane Last: Smallin

4. DATE OF DEATH: Month 9/20/62 Day Year

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/18/71
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Barry County, Mich.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Reuben Falkconer
13b. MOTHER'S MAIDEN NAME: Mary Jane Auble
14. NAME OF HUSBAND OR WIFE: I. A. Smallin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: I. A. Smallin, Address: Cabool, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Possible myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
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. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

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 8/29/62, to 9/20/62 and last saw her/him alive on 9/18/62
Death occurred at 12:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A Hasek MD
22b. ADDRESS: Cabool, Mo.
22c. DATE SIGNED: 9/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/22/62
23c. NAME OF CEMETERY OR CREMATORY: Cabool Cemetery
23d. LOCATION (City, town, or county) (State): Cabool, Mo.

24. FUNERAL DIRECTOR ADDRESS: Elliott-Gentry Funeral Home, Cabool, Mo.
25. DATE RECD. BY LOCAL REG.: 9-25-62
26. REGISTRAR'S SIGNATURE: Gaynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

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 James L. Gentry

Licensed Embalmer No. 4718

P. O. Address Cabool, 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.