

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039327  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 125 Primary Registration District No. 3036 Registrar's No. 143

**FILED OCT 19 1962**

VS 300  
Rev. 4/59

1 0551

2 0551

3 2

4 1

5 2

6

7 0

8 0

9 153.3

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LAURENCE</u>		a. STATE <u>Mo</u> b. COUNTY <u>LAURENCE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AURORA</u>		Length of stay in lb <u>Years</u>	c. CITY OR TOWN <u>AURORA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AURORA HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>228 W COLLEGE</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>LOUISE</u> Middle <u>MARIE</u> Last <u>ACREE</u>		Month <u>October</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/28/88</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>Home</u>	9. AGE (last birthday) <u>73</u>
13a. FATHER'S NAME <u>Chas. F. Elgin</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian MATHIEU</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>John E. Acree; Aurora Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			1 year
IMMEDIATE CAUSE (a) <u>Carcinoma of the Sigmoid Colon</u>			
DUE TO (b) _____			
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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>October, 1961</u> to <u>10/8/62</u> and last saw <u>her</u> alive on <u>10/8/62</u>			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A.P. Caltz M.D.</u> (Degree or title)		22b. ADDRESS <u>Croft Mo</u>	22c. DATE SIGNED <u>10-9-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10/10/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MACHPELAN Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>LEXINGTON Mo.</u>
24. FUNERAL DIRECTOR <u>Arnold's; Aurora, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-9-62</u>	26. REGISTRAR'S SIGNATURE <u>George Langley</u> <u>Per L. Phillips</u>

MAR 6 1963

*Signed pending Signature*

**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 *Irwin R. Arnold*

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.