

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-041444

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 377 STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. **FILED** DEC 10 1962
 a. COUNTY **Adair**

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Scotland**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kirksville** Length of stay in 1b **5 weeks**

c. CITY OR TOWN **Memphis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Leaughlin Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First **Ora Mell** Middle **Poster** Last **Poster**

4. **DATE OF DEATH** Month **Nov.** Day **13,** Year **1962**

5. **SEX** **F** 6. **COLOR OR RACE** **W** 7. **Married** **Never Married**
Widowed **Divorced**

8. **DATE OF BIRTH** **3/25/1886** 9. **AGE** (last birthday) **76** 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) **Retired Housewife** 10b. **KIND OF BUSINESS OR INDUSTRY**

11. **BIRTHPLACE** (City and state or country) **Scotland Co., Missouri** 12. **CITIZEN OF WHAT COUNTRY** **U. S. A.**

13a. **FATHER'S NAME** **Charles Huggans** 13b. **MOTHER'S MAIDEN NAME** **Elizabeth Taylor** 14. **NAME OF HUSBAND OR WIFE** **Robert Poster**

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.** **no** 17. **INFORMANT** **Mrs. Wm. Stone** Address **Memphis, Missouri**

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) **MASSIVE CORONARY OCCLUSION** INTERVAL BETWEEN ONSET AND DEATH **35 MIN**
 DUE TO (b) **CHRONIC CORONARY ARTERY DISEASE** **UNKNOWN**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (c)

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) **CHRONIC CHOLELITIASIS - CHOLELITHIASIS - PYLORIC ULCER (AND OBSTRUCTION)**

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** **KIRKSVILLE, MO** COUNTY STATE

21. I attended the deceased from **10-4-62** to **11-13-62** and last saw her alive on **11-13-62**
 Death occurred at **2145 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) **Edna Leaughlin J. DO** 22b. **ADDRESS** **KIRKSVILLE, MO** 22c. **DATE SIGNED** **12-7-62**

23a. **BURIAL, CREMATION, REMOVAL** (Specify) **Burial** 23b. **DATE** **Nov. 16, 1962** 23c. **NAME OF CEMETERY OR CREMATORY** **Memphis Cemetery** 23d. **LOCATION** (City, town, or county) (State) **Memphis, Missouri**

24. **FUNERAL DIRECTOR** **GERTH & BASKETT** ADDRESS **MEMPHIS, MISSOURI** 25. **DATE RECD. BY LOCAL REG.** **12-7-1962** 26. **REGISTRAR'S SIGNATURE** **Doris W. Ratliff**

Received received Nov-13, 1962

EARL LAUHLIN, JR. D.D.

DEC 19 1962

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 myself, Student Embalmer No. 1 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl Lauhlin, Jr.

Licensed Embalmer No. 14258

P. O. Address Memphis

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.