

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043366

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 387 Primary Registration District No. 3099 Registrar's No. 251

FILED DEC 12 1962

VS 300
Rev. 4/59

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30210

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9585XF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline		Length of stay in 1b 8-Days	c. CITY OR TOWN Keytesville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 201 - N. Park Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Susie Middle Frances Last Howard		4. DATE OF DEATH Month Dec Day 3rd Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-28-1879
9. AGE (last birthday) 83		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) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and state or country) Macon County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Rufus Miles	
13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Symes		14. NAME OF HUSBAND OR WIFE H.G. Howard	
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 B.V. Foster, Keytesville, Mo. Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cholecystitis & Perforation			INTERVAL BETWEEN ONSET AND DEATH Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease			
DUE TO (c) Chyphalomalacia & Senile Atrophy			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Rt. Femur, Open Reduction on 11-28-62			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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 Marceline, MO COUNTY _____ STATE _____
21. I attended the deceased from 11-25 to 12-3-62 and last saw her/him alive on 12-2-62 Death occurred at 8:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John W. [Signature]</i> (Degree or title)		22b. ADDRESS Marceline, MO	22c. DATE SIGNED 12-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-5-1962	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Keytesville, Mo.
24. FUNERAL DIRECTOR <i>[Signature]</i> Keytesville, Mo.		25. DATE RECD. BY LOCAL REG. 12-5-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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 Silburn H. Tilletson

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.