

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043389

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 233

<b>FILED NOV 26 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>LIVINGSTON</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>CHILLICOTHE</b>		a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1605 LOCUST ST.</b>		Length of stay in 1b <b>6 MONTHS</b>		c. CITY OR TOWN <b>CHILLICOTHE</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>1605 LOCUST ST.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First <b>NAOMI</b> Middle <b>KILLAM</b> Last <b>KILLAM</b>		Month <b>NOVEMBER</b> Day <b>20</b> Year <b>1962</b>		FEMALE	
6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/29/1897</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		9. AGE (last birthday) <b>73</b>	
13a. FATHER'S NAME <b>JULIUS C. SIMMONS</b>		13b. MOTHER'S MAIDEN NAME <b>BELINDA HAHN</b>		11. BIRTHPLACE (City and state or country) <b>PARNELL, MISSOURI</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
17. INFORMANT <b>WALTER MEYERS CHILLICOTHE, MO.</b>		14. NAME OF HUSBAND OR WIFE <b>FRED KILLAM</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>CARCINOMA OF STOMACH</b>		DUE TO (b) <b>UNKNOWN</b>		DUE TO (c) <b>UNKNOWN</b>	
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		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>	
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		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 <b>7/10/62</b> to <b>11/20/62</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>11/8/62</b>		Death occurred at <b>2:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (D, M, or title) <i>E. W. Carpenter M.D.</i>		22b. ADDRESS <b>CHILLICOTHE, MISSOURI</b>		22c. DATE SIGNED <b>11/20/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11/20/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NODAWAY MEM. GARDENS</b>	
23d. LOCATION (City, town, or county) <b>MARYVILLE, MISSOURI</b>		24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 20, 1962</b>	
26. REGISTRAR'S SIGNATURE <i>Annalee Taylor</i>					

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 John P. Rodgers III

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

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.