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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043835

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 314

Primary Registration District No. 4457

Registrar's No. 61 5 39

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED NOV 19 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST. CLAIR		a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOWRY CITY		c. CITY OR TOWN LOWRY CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED First Middle Last ELENA RANDALL		4. DATE OF DEATH Month Day Year Sept. 24 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 10/26/1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Polk Co. Missouri
13a. FATHER'S NAME Elisa Walts		13b. MOTHER'S MAIDEN NAME Helen Griffin	14. NAME OF HUSBAND OR WIFE Nathalie Parks, Lowry City, Missouri
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 Nathalie Parks, Lowry City, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) PULMONARY EDEMA			24 hrs.
DUE TO (b) MEDULLARY FAILURE			24 hrs.
DUE TO (c) CARCINOMATOSIS, PRIMARY SITE BOWEL			16 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INANITION & DEBILITATION			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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	COUNTY STATE
21. I attended the deceased from 1-1-60 to 9-24-62 and last saw her alive on 9-24-62 Death occurred at 6:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clinton L. Glaspy, D. O.		22b. ADDRESS Clinton, Missouri	22c. DATE SIGNED 9-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/26/62	23c. NAME OF CEMETERY OR CREMATORY Lowry City	23d. LOCATION (City, town, or county) (State) Lowry City, Missouri
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola, Mo.		25. DATE RECD. BY LOCAL REG. 10-8-1962	26. REGISTRAR'S SIGNATURE Ruth Seewers

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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**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 *J. J. [Signature]*

Licensed Embalmer No. 3038

P. O. Address *[Handwritten Address]*

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.