

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025273

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 84

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

10795

20795

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9175.0

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1290.0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 25 1963	
1. PLACE OF DEATH	
a. COUNTY Perry	b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 S. Zeno	d. STREET ADDRESS (If outside, give location) 306 S. Zeno
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Mo.	b. COUNTY Perry
c. CITY OR TOWN Perryville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 306 S. Zeno	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Geraldine	Middle Louise
Last Fadler	
4. DATE OF DEATH 6-11-63	
5. SEX F	6. COLOR OR RACE W
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-45
9. AGE (last birthday) 17	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Perryville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Albert Fadler	13b. MOTHER'S MAIDEN NAME Ruth Feltz
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT Albert Fadler, Perryville, Mo.	Address
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cancer of the Ovary	INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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)	
Metastatic Cancer generalized	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 1962 to 1963 and last saw her ^{her} alive on 6/11/63	
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A. E. McDermott, MD (Degree or title)	22b. ADDRESS Perryville, Mo.
22c. DATE SIGNED 6/14/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-14-63
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	23d. LOCATION (City, town, or county) Perryville, Mo.
24. FUNERAL DIRECTOR Young & Sons Perryville, Mo	25. DATE RECD. BY LOCAL REG. 6-17-63
26. REGISTRAR'S SIGNATURE Joel J. Joellner	

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, MD

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.