

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031795
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 63-53

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
1 <u>0730</u>		
2 <u>0060</u>		
3		
4 <u>1</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>0</u>		
9 <u>170X</u>		
10		
11		
12 <u>1-2</u>		
13 <u>1-0</u>		
INSTEAD OF		
DOCUMENT		
MEDICAL CERTIFICATION		
BY AFFIDAVIT OF		
ITEM NO.	SHOULD READ	

USE BLACK INK OR TYPEWRITER RIBBON
 Raymond A. Carlson, D.O.

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood		Length of stay in 1b 14 days	c. CITY OR TOWN Golden City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lockwood Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) -- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JULIA First McCONNELL Middle Last		4. DATE OF DEATH Aug. 20, 1963 Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/15/84
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Jasper Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. NAME OF HUSBAND OR WIFE Charles Lemual McConnell	
13a. FATHER'S NAME Benjiman F. Sites		13b. MOTHER'S MAIDEN NAME Mary E. Morgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Charles Lemual McConnell, Golden City, 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) Metastatic Carcinoma to lungs			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) Carcinoma left breast			6 years
DUE TO (c)			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. 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 Jan 1957 to Aug 20, 1963 and last saw her alive on Aug 20, 1963 Death occurred at 8:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond A Carlson DO		22b. ADDRESS 403 Main St Golden City Mo	22c. DATE SIGNED 8-20-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/22/63	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Golden City, Mo.
24. FUNERAL DIRECTOR ADDRESS Phillips-Pugh Funeral Home, Golden City, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 21, 1963	26. REGISTRAR'S SIGNATURE J. C. Canada

FORM NO. 0017

NO. 1234

DATE

TIME

PLACE

1951

1234

1234

1234

1234

1234

1234-5678

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 _____

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.