

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043659

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 291

FILED NOV 18 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Clinton

Length of stay in 1b

18 mons

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Jolly Nursing Home

Inside Limits

Yes No d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes No e. CITY
OR
TOWN

Lincoln

Inside Limits

Yes No

f. COUNTY

Benton

Inside Limits

Yes No

g. STATE

Mo

Inside Limits

Yes No

h. admission)

3. NAME OF DECEASED
(Type or print)

4. SEX

Female

5. COLOR OR RACE

white

6. DATE OF BIRTH

10/12/1870

7. Married Never Married Widowed Divorced

8. AGE (last birthday)

93

9. IF UNDER 1 YEAR

Months

10. IF UNDER 24 HR

Days

Hours

Min.

10. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housework

11. KIND OF BUSINESS OR INDUSTRY

Home

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Thomas

14. NAME OF HUSBAND OR WIFE

Emeline Peaton

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

Walter Johnson

Lincoln, 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)

Medullary Paralysis

Pulmonary Edema

2 hrs.

DUE TO (b)

Acute Myocardial Insufficiency

24 hrs.

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

Minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.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.

Coronary artery disease

Cerebral arteriosclerosis

Senility

Yes No Unknown19. WAS AUTOPSY
PERFORMED?YES NO

20a. ACCIDENT

SUICIDE

HOMICIDE

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 NOT WHILE AT WORK 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

8-1-61

to

11-6-63

and last saw him alive on

11-6-63

Death occurred at

4:20

4 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clinton L. Glaspie, Jr.

22b. ADDRESS

Clinton

Mo.

11/9/63

22c. DATE SIGNED

State

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

Nov 8, 1963

Lincoln Cemetery

23b. NAME OF CEMETERY OR CREMATORI

Y

23d. LOCATION (City, town, or county)

Lincoln

Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Midred Bigum

Fried Davis & Son, Lincoln

Nov. 11, 1963

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT INSTEAD OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permit Obtained 11-11-68

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, Me

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.

Approved 12/1/68
(MSB)