

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-043508

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 115

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 6 1965

VS 300
Rev. 4/59
1 0380
2 0380
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4 1
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7 0
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9 443X
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12 86-0
13 1-2

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Stanberry		Length of stay in 1b 7 years	c. CITY OR TOWN Stanberry		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harmony Hill Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. Alanthus		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sarah Middle Inez Last Waltrip			4. DATE OF DEATH Month Nov. Day 24 Year 1965		
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 12-6-1878	9. AGE (last birthday) 86	IF UNDER 1 YEAR 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 Home	11. BIRTHPLACE (City and state or country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Homer Danford		13b. MOTHER'S MAIDEN NAME Elizabeth McWilliams		14. NAME OF HUSBAND OR WIFE Ira Waltrip	
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. _____		17. INFORMANT Address Mo. Mrs. Wilma Reichardt, 6418 E. 15th Ter., KC.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive-arterosclerotic heart disease DUE TO (b) unknown. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia				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 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. 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 6-30-58 to 11-24-65 and last saw her ^{her} _{him} alive on 11-23-65 Death occurred at 2:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. R. Carlin M.D.			22b. ADDRESS Stanberry, Mo		22c. DATE SIGNED 11-24-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-27-1965	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Stanberry Missouri	
24. FUNERAL DIRECTOR Johnson ADDRESS Funeral Home, Stanberry, Mo.			25. DATE RECD. BY LOCAL REG. 12-1-65	26. REGISTRAR'S SIGNATURE Mrs. T. W. Bare	

JAN 4 1966

DEC 7 1965

R. Stannard
11-24-65-

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 *Ross E. Johnson*

Licensed Embalmer No. *4948*

P. O. Address *Stenberg, 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.