

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-043679

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 265

FILED NOV 22 1965

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Lowry City	
Length of stay in 1b 3 Wks;		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) First Middle Last Ethel D. Brack		4. DATE OF DEATH November 12, 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 2/2/90
9. AGE (last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Iowa	
11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Ferguson		13b. MOTHER'S MAIDEN NAME Mary Stock	
14. NAME OF HUSBAND OR WIFE Deceased		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. Ethel		17. INFORMANT Husband Brack, Lowry City Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUE TO (b) Arteriosclerotic Heart disease DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. a. Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Immediate 6 years 8 years	
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 Sept 26, 1965 to 11/12/65 and last saw her alive on 11/12/65		Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Dr. R. L. Hollingsworth M.D.		22b. ADDRESS Clinton Missouri	
22c. DATE SIGNED 11/15/65		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/15/65		23c. NAME OF CEMETERY OR CREMATORY Lowry City	
23d. LOCATION (City, town, or county) Lowry City Mo.		24. FUNERAL DIRECTOR ADDRESS Goodrich Funeral Home, Osceola Mo.	
25. DATE RECD. BY LOCAL REG. 11-15-1965		26. REGISTRAR'S SIGNATURE Mildred Bigum MB	

(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 Paul D. Quertone

Licensed Embalmer No. 2990

P. O. Address Osceola, 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.

Permit obtained 11-15-65 MB