

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001413

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 40

FILED FEB 14 1966

1. PLACE OF DEATH

a. COUNTY

Henry

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

OR
TOWN

Clinton

Length of stay in 1b

1 week

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

HOSPITAL OR
INSTITUTION

Wetzel Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Johnson

admission)

c. CITY

OR
TOWN

Holden

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

500 E. 4th St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Olan

Middle

Amber

Last

Hancock

4. DATE
OF
DEATH

Month

Day

Year

Feb. 7, 1966

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-4-1902

9. AGE (last birthday)

63

IF UNDER 1 YEAR 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

Home

11. BIRTHPLACE (City and state or country)

Richland, Iowa.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Jesse W. Shimel

13b. MOTHER'S MAIDEN NAME

Winifred Mowery

14. NAME OF HUSBAND OR WIFE

widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Address

Mrs. Lelan Irvine, Holden, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myelodysplastic syndrome

DUE TO (b)

metastatic tumor to brain

DUE TO (c)

adenocarcinoma of liver metastatic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Primary adenocarcinoma site undetermined

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐No ☐Unknown ☐

19. 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

a.m.

Month, Day, Year

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 1/31/66 to 2/7/66 and last saw her alive on 2/7/66Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jessie C. Chase D.O.

22b. ADDRESS

105 E. Ohio Clinton, Mo.

22c. DATE SIGNED

2/7/66

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 10, 1966

23c. NAME OF CEMETERY OR CREMATORY

Fairview RLDS Cemetery

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

Holden, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

BEN CAST & SON HOLDEN MO

25. DATE RECD. BY LOCAL REG.

2-10-66

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

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DATE AMENDED

FEB 18 1966

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. 4059

P. O. Address Holden Mass.

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 Addressed to the State of Massachusetts