

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018637

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 69

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 23 1961

1. PLACE OF DEATH
 a. COUNTY Ray
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Length of stay in lb 3 months
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 351 South Thornton St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Ray
 c. CITY OR TOWN Richmond Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 351 South Thornton Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Alma Middle M. Last Brothers
 4. DATE OF DEATH Month May Day 13 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 7/16/1884 9. AGE (last birthday) 76
 IF UNDER 1 YEAR Months 9 IF UNDER 24 HR Hours 27 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Bethel, Missouri
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry H. Will 13b. MOTHER'S MAIDEN NAME Elizabeth Shriever 14. NAME OF HUSBAND OR WIFE J.B. Brothers

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 J.B. Brothers, Richmond, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Myelocytic Leukemia INTERVAL BETWEEN ONSET AND DEATH 3 mo.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. 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 _____ 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 Aug. 1960 to death and last saw her alive on 5-13-61
 Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.A. Crozier, MD 22b. ADDRESS Richmond, Mo. 22c. DATE SIGNED 5-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-16-1961 23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery 23d. LOCATION (City, town, or county) (State) Shelbong Missouri

24. FUNERAL DIRECTOR Thomas J. Carter, Richmond, Missouri ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 5-18-1961 26. REGISTRAR'S SIGNATURE Malcol Jackson

MAY 25 1967

JUN 30 1967

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Miss

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.