

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025965

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. FA

FILED AUG 1 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>MADISON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FREDERICKTOWN</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>MADISON</u>
Length of stay in lb <u>2 WKS</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION <u>MADISON CO HOSPITAL</u>		d. STREET ADDRESS <u>314 E MINE LA MOTTE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>SARAH</u>	Middle <u>JANE</u>	Last <u>NEECE</u>	Month <u>JULY</u>	Day <u>19</u>	Year <u>1961</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-23-1875</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
				<u>YOUNT MO.</u>	
13a. FATHER'S NAME <u>JAMES LEE</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN HAHNE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN (DECEASED)</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MARION LEE</u> Address <u>325 E MINE LA MOTTE</u> <u>FREDERICKTOWN MO</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>3 Day</u>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Cerebral Vasculopathy</u>	DUE TO (b) <u>resulting General Paralysis</u>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<u>Fractured Neck 7-3-61</u>			

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.)
		<u>Fall in home</u>

20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year <u>11:00 AM July 3 1961</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In her home</u>	20f. CITY, TOWN, OR LOCATION <u>Fredericktown Madison Mo</u>	COUNTY <u>Madison</u>	STATE <u>MO</u>
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21. I attended the deceased from July 3, 1961 to July 7, 1961 and last saw her alive on July 19, 1961.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>S C Slaughter M D</u>	(Degree or title)	22b. ADDRESS <u>Fredericktown Mo</u>	22c. DATE SIGNED <u>7-20-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-22-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>YOUNT LUTHERAN</u>	23d. LOCATION (City, town, or county) (State) <u>YOUNTS MO</u>
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24. LOCAL DIRECTOR <u>ADAMSON-WEBB</u>	ADDRESS <u>FREDERICKTOWN MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-21-61</u>	26. REGISTRAR'S SIGNATURE <u>Flarence Sicker</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUN 5 1962

SEP 19 1961

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 Raymond B. Anderson

Licensed Embalmer No. 4884

P. O. Address Frederickton

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.