

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026331

STATE FILE NUMBER

Registration District No. 4448 Primary Registration District No. 6024 Registrar's No. 93

AMENDED

FILED JUL 18 1961

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Polk</u>		Length of stay in 1b <u>3 year</u>	c. CITY OR TOWN <u>Polk</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) <u>6 miles N.E. of Lawson</u>		Mide Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 miles N.E. of Lawson</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>VIOLA</u> Middle <u>JANE</u> Last <u>GREEN</u>			4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</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>Nov. 20 1877</u>	9. AGE (last birthday) <u>81</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>5</u> Hours <u>19</u> Min. <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ray Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>Joseph Mellon</u>		13b. MOTHER'S MAIDEN NAME <u>Belinda Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>Lawson Mo.</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>Colene Clark</u>		Address <u>Lawson Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac Failure</u>					
DUE TO (b) <u>circulatory insufficiency</u>					
DUE TO (c) <u>Cerebral Damage from hemorrhage 3 yr's.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Antihemorrhagic, Antiartherosclerosis, Senility</u>					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
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>Cerebral Hemorrhage 3 yr's approx</u>	
20c. TIME OF INJURY Hour <u>9:00</u> Month, Day, Year <u>7-1-61</u>		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.)		20f. CITY, TOWN, OR LOCATION <u>Lawson</u>		COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
21. I attended the deceased <u>from</u> on <u>7-1-61</u> to <u>her</u> and last saw <u>him</u> alive on <u>7-1-61</u> Death occurred at <u>Approx 7:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>A. L. Pfauff D.O.</u>			22b. ADDRESS <u>Lawson, Mo.</u>		22c. DATE SIGNED <u>7-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 7 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>	
24. FUNERAL DIRECTOR <u>Jarman Funeral Home Lawson Mo</u>		ADDRESS <u>Lawson Mo</u>	25. DATE RECD BY LOCAL REG. <u>7-11-1961</u>	26. REGISTRAR'S SIGNATURE <u>Malet Jackson</u>	

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

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 Ralph Van Landingham

Licensed Embalmer No. 4909
P. O. Address Exelior Springs, Me

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.