

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035090
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 9267

AMENDED

Registration District No. 318
FILED OCT 13 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Elsberry	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS No. 4th St. (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Annie Lee Waters			4. DATE OF DEATH Month Day Year October 5, 1961
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 9-8-89
9. AGE (last birthday) 72		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) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Lincoln Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Cannon	
13b. MOTHER'S MAIDEN NAME Minnie Howlett		14. NAME OF HUSBAND OR WIFE J.K. Waters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Mrs. Lucy Waters, Elsberry, Mo.	
16. ADDRESS		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Advanced adenocarcinomatosis</i> DUE TO (b) <i>uterine origin metastatic</i> DUE TO (c) <i>Widespread</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>174X</i>			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.)	
20c. TIME OF INJURY Hour .. Month, Day, Year a.m. p.m.	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 <i>April 1960</i> to <i>October 5/61</i> and last saw her/him alive on <i>Oct 5/61</i>		Death occurred at <i>2 PM 10/5/61</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Arthur R. Dalton MD</i>		22b. ADDRESS <i>453 N-Davey Co, St Louis Mo</i>	22c. DATE SIGNED <i>10/6/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-7-61	23c. NAME OF CEMETERY OR CREMATORY Elsberry City Cem.	23d. LOCATION (City, town, or county) Elsberry, Mo.
24. FUNERAL DIRECTOR Arthur C. Baue Funeral Home		25. DATE RECD. BY LOCAL REG. OCT 7 1961	26. REGISTRAR'S SIGNATURE <i>Karl Smith M.D.</i>
ADDRESS St. Charles, Mo.		REGISTRAR'S SIGNATURE	

1961 OCT 10 AM

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 John C Smith
Licensed Embalmer No. 5145

P. O. Address St. Charles, 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.