

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047641

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

DATE REVISED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

Registration District No. <u>373</u>		Primary Registration District No. <u>4544</u>		Registrar's No. <u>4</u>		STATE FILE NUMBER	
FILED JAN 15 1962							
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NIANGUA MO</u>		Length of stay in lb <u>6 WKS</u>		c. CITY OR TOWN <u>NIANGUA R2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NIANGUA NURSING HOME</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6 MI NORTH</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSIE ELIZABETH DILL</u>				4. DATE OF DEATH Month Day Year <u>DEC 23 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>8-15-1882</u>	
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>WILLIAM ALEXANDER</u>		13b. MOTHER'S MAIDEN NAME <u>AMERICA MATHIS</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT <u>CARADILL</u>		Address <u>NIANGUA MO R2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHOPNEUMONIA</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>ARTERIOSCLEROTIC PSYCHOSIS</u>					
		DUE TO (c) <u>GENERAL ARTERIOSCLEROSIS.</u>					
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 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 a.m. p.m. Month, Day, Year		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 <u>4/1/61</u> to <u>12/23/61</u> and last saw <u>her</u> alive on <u>12/22/61</u> Death occurred at <u>11:02 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>[Signature]</u>				22b. ADDRESS <u>Manassas, Va.</u>		22c. DATE SIGNED <u>1/4/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-25-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MATHIS</u>		23d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>BARBER-EDWARDS MARSHFIELD</u>				25. DATE RECD. BY LOCAL REG. <u>1-8-62</u>		26. REGISTRARS SIGNATURE <u>[Signature]</u>	

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mr. Stapp

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.