

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001320

STATE FILE NUMBER

REGISTERED DISTRICT NO. FILED JAN 24 1962 Primary Registration District No. 3022 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethany</u>		Length of stay in 1b	c. CITY OR TOWN <u>Bethany</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>Golden Age Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1215 Miller</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>OLIVE</u> Middle <u>MAYBELLE</u> Last <u>BOX</u>			4. DATE OF DEATH Month <u>1</u> Day <u>17</u> Year <u>1962</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>3-10-1872</u>	9. AGE (last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</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 <u>6 - -</u>	11. BIRTHPLACE (City and state or country) <u>Union Cty Mississippi</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>Dan T. Bartlett</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Ann Wesson</u>		14. NAME OF HUSBAND OR WIFE <u>Luther Box</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>Pauline Box, Bethany, Mo.</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>Congestive Heart Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>					<u>10 yrs</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) <u>Chronic Multiple Rheumatoid Arthritis</u>				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 <u>Bethany, Mo.</u>	COUNTY _____	STATE _____	
21. I attended the deceased from <u>12-2-57</u> to <u>1-17-62</u> and last saw <u>her</u> alive on <u>1-17-62</u> Death occurred at <u>7:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>G.M. Moseley</u> (Degree or title)			22b. ADDRESS <u>D.O. Bethany, Mo.</u>		22c. DATE SIGNED <u>1-19-1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-19-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	23d. LOCATION (City, town, or county) <u>Bethany, Mo.</u>		
24. FUNERAL DIRECTOR <u>M. B. Haas</u> ADDRESS <u>Bethany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-19-1962</u>	26. REGISTRAR'S SIGNATURE <u>Gella Moseley</u>		

DATE AMENDED

AMENDED

DATE AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

2521 7 2 NOV 51

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 M. B. Haas *M B Haas*

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.