

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001335

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 17

**FILED FEB 5 1962**

AMENDED

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) OR TOWN <u>Bethany</u>		Length of stay in 1b <u>50 yr</u>	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>at home</u>			d. STREET ADDRESS (If outside, give location) <u>Taylor St. 1601</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>Ethel</u> Last <u>Dott Taylor</u>			4. DATE OF DEATH Month <u>1</u> Day <u>31</u> Year <u>1962</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-4-1877</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</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>no</u>	11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY. <u>U. S.</u>		
13a. FATHER'S NAME <u>Gilbert Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McClure</u>		14. NAME OF HUSBAND OR WIFE <u>Charles</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>Joe Taylor, Bethany, 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>Broncho-Pneumonia</u>					<u>48 hrs.</u>
DUE TO (b) <u>Congestive Heart Failure</u>					<u>6 mo.</u>
DUE TO (c) <u>Hypertensive Heart Disease</u>					<u>5 yrs</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 <u>4-3-59</u> Month, Day, Year <u>1-31-62</u> 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 <u>Bethany, Mo.</u>		20g. COUNTY <u>Harrison</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-3-59</u> to <u>1-31-62</u> and last saw <u>her</u> alive on <u>1-31-62</u> Death occurred at <u>5:30P</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>G. H. Hoover</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>1-31-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-2-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	23d. LOCATION (City, town, or county) <u>Bethany, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>M B Haas</u> M. B. Haas, Bethany, Mo.		25. DATE RECD. BY LOCAL REG. <u>2-1-1962</u>	26. REGISTRAR'S SIGNATURE <u>Gella Mayer</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

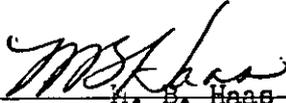
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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  \_\_\_\_\_  
F. 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.