

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-010217

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 27

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 16 1962

VS 300
Rev. 4/59

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26001

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 13 months	c. CITY OR TOWN Excelsior Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 North Main		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 405 North Main
3. NAME OF DECEASED (Type or print) First Middle Last Betsy Ann Bradshaw		4. DATE OF DEATH Month Day Year February 27 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/16/1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1
11. BIRTHPLACE (City and state or country) Excelsior Springs		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Grant Bradshaw		13b. MOTHER'S MAIDEN NAME Bessie Cooper	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) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Grant Bradshaw, Excelsior Springs, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute overwhelming viral infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) severe iron deficiency anemia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 12 hrs
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Feb 1, 1962 to Feb 27, 1962 and last saw ^{her} alive on Feb 24, 1962 Death occurred at 6:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James R. Allan, M.D.		22b. ADDRESS Excelsior Springs, Mo	22c. DATE SIGNED 3-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-1-62	23c. NAME OF CEMETERY OR CREMATORY Elmwood
24. FUNERAL HOME OR ADDRESS Excelsior Springs, Missouri		23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo	
25. DATE RECD. BY LOCAL REG. 3-9-62		26. REGISTRAR'S SIGNATURE Caroline Hutchings	

USE BLACK INK OR TYPEWRITER RIBBON

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. 4009

P. O. Address Osceola Springs, 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.