MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015884
STATE FILE NUMBER

Registration District No. 199 Primary Registration District No. 5667 Registrar's No. 63

FILED MAY 8 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10570
20570
3
4 1
5 0
6
7 0
8 2
9 331X
10
11
12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Troy — Length of stay in 1b: 20 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lincoln County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lincoln
c. CITY OR TOWN: Silex — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: FRANCES Middle: G Last: BLACK

4. DATE OF DEATH: Month: April Day: 30 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-21-1885
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months 9 Days 9 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): Lincoln County, Mo
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: Edward Black
13b. MOTHER'S MAIDEN NAME: Mary Stanek
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Joe Black Address: Silex, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 48 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS — UNK.
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 JAN. 1962, to APRIL 1962 and last saw her alive on APRIL 30, 1962.
Death occurred at 8:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul R. Berry MD. (Degree or title)
22b. ADDRESS: Troy, Mo.
22c. DATE SIGNED: 5/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 3, 1962
23c. NAME OF CEMETERY OR CREMATORY: St. Alphonsus
23d. LOCATION (City, town, or county) (State): Silex (Millwood) Mo.

24. FUNERAL DIRECTOR: J.O. Mudd ADDRESS: Silex, Mo.
25. DATE RECD. BY LOCAL REG.: 5-3-1962
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Ulrich

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.