

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021673

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 53

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 1 1962	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>Stoddard</b></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dexter</b> Length of stay in 1b <b>3 months</b></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Green Meadows Rest Home</b> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b>, COUNTY <b>Carter</b></p> <p>c. CITY OR TOWN <b>Ellsinore</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> First Middle Last <b>Mary Virginia Stucker</b></p> <p><b>4. DATE OF DEATH</b> Month Day Year <b>May 1 1962</b></p>	
<p><b>5. SEX</b> <b>Female</b> <b>6. COLOR OR RACE</b> <b>white</b> <b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p> <p><b>8. DATE OF BIRTH</b> <b>Mar. 14, 1884</b> <b>9. AGE (last birthday)</b> <b>78</b> <b>IF UNDER 1 YEAR</b> Months <b>1</b> Days <b>18</b> <b>IF UNDER 24 HR</b> Hours <b></b> Min. <b></b></p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----</p> <p><b>11. BIRTHPLACE</b> (City and state or country) <b>Trenton, Mo.</b> <b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.</b></p>	
<p><b>13a. FATHER'S NAME</b> <b>Henry Roger</b> <b>13b. MOTHER'S MAIDEN NAME</b> <b>Libby</b> <b>14. NAME OF HUSBAND OR WIFE</b> <b>David</b></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>16. SOCIAL SECURITY NO.</b> <b>None</b> <b>17. INFORMANT</b> <b>Margaret Boyer, Ellsinore</b> Address</p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). <b>PART I. DEATH WAS CAUSED BY:</b></p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Cardiac Failure</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>DUE TO (b) Adison's Crisis (supra-renal)</b></p> <p><b>DUE TO (c)</b> -----</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b></p> <p style="text-align: right;"><b>unknown</b></p>	
<p><b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) -----</p> <p><b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) -----</p>	
<p><b>20c. TIME OF INJURY</b> Hour Month, Day, Year <b>7:00 p.m. Feb. 1962</b></p>	
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) ----- <b>20f. CITY, TOWN, OR LOCATION</b> <b>Carter Co. Mo.</b> STATE</p>	
<p><b>21. I attended the deceased from</b> <b>Feb. 1962</b> to <b>May 1, 1962</b> and last saw her <b>alive</b> on <b>May 1, 1962</b> Death occurred at <b>p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> (Degree or title) <b>E. Stoddard St. Dexter, Mo.</b> <b>22b. ADDRESS</b> <b>5-7-62</b> <b>22c. DATE SIGNED</b></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b> <b>23b. DATE</b> <b>5-4-62</b> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Owl Roost Cemetery</b> <b>23d. LOCATION</b> (City, town, or county) (State) <b>Carter Co. Mo.</b></p>	
<p><b>24. FUNERAL DIRECTOR</b> <b>McSpadden Funeral Home, Van Buren, Mo.</b> <b>25. DATE RECD. BY LOCAL REG.</b> <b>5/23/62</b> <b>26. REGISTRAR'S SIGNATURE</b> <i>Victoria V. Fenker</i></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Allen C. McGowan

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.