

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025917

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 110

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 2 1962**

1. PLACE OF DEATH  
 a. COUNTY Lawrence BATTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett Length of stay in 1b 8 1/2 Wks.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Inside Limits Yes  No

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

3. NAME OF DECEASED (Type or print) First Middle Last Bessie Ellen GREEN 4. DATE OF DEATH Month Day Year July 27 1962

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH MAY 29 1903 9. AGE (last birthday) 59 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) Ozark County Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Yandlos 13b. MOTHER'S MAIDEN NAME MARtha DEAN 13c. NAME OF HUSBAND OR WIFE Wilmer L.

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 Wilmer L. Green Address Pierce City 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) Neoplasm. (See the back).  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease.  
 DUE TO (c) —

INTERVAL BETWEEN ONSET AND DEATH  
 ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Arteriosclerotic heart disease. Cause

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 6-13-62 to 7-27-62 and last saw her/him alive on 7-27-62  
 Death occurred at 10:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 315 1/2 Broadway Monett, Mo. 22c. DATE SIGNED 7-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE July 27, 1962 23c. NAME OF CEMETERY OR CREMATORY White Oak 23d. LOCATION (City, town, or county) (State) Ozark County Mo.

24. FUNERAL DIRECTOR Max J. Miller ADDRESS Managers Mo 25. DATE RECD. BY LOCAL REG. 7-30-62 26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

80.55  
2550.

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4 1  
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10  
11  
12 2-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

In my clinical judgement she had a neoplasm which originated in the pelvis, which spread to the mediastinum or left lung blocked the thoracic duct.

**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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.