

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030130

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 974

FILED SEP 4 1962

VS 300
Rev. 4/59

15117
25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF *S.E. Waggoner* CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 2 1/2 Months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hosp. & Med. Center		d. STREET ADDRESS (If outside, give location) 3208 Duncan Street	
3. NAME OF DECEASED (Type or print) First DAISY Middle MAE Last SOUTTER		4. DATE OF DEATH Month August Day 24 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-11-1899
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Division Supt.		10b. KIND OF BUSINESS OR INDUSTRY Veterans Administ. Washington, D.C.	11. BIRTHPLACE (City and state or country) Near Albany, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Silas Edgar Quigley	
13b. MOTHER'S MAIDEN NAME Harriett Ellen Zentz		14. NAME OF HUSBAND OR WIFE Mr. Roy Soutter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Son Address Mr. Richard O. Quigley Kansas City, Mo.
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) Acute Pulmonary Congestion			2 days
DUE TO (b) Metastatic Carcinoma			1 1/2 yrs
DUE TO (c) Carcinoma of breast			6 yrs
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 3:30 a.m. 7/10/62 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 7/10/62 to 8/24/62 and last saw her ^{her} him alive on 8/23/62		Death occurred at 3:30 A.M. X on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Karon E. Waggoner</i> (Degree or title)		22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri	22c. DATE SIGNED 8/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 26, 1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens Cem.	23d. LOCATION (City, town, or county) (State) Cameron, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 31, 1962	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

NOV 29 1962

SEP 6 1962

SEP 27 1962

Permit issued 8/25/62

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 Raymond H. Brown

Licensed Embalmer No. 5147

P. O. Address St Joseph 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.