

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035369  
STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 198

**FILED OCT 10 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Wisconsin</u> COUNTY <u>Dane</u>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>  |   | Length of stay in 1b<br><u>2 Weeks</u>  | c. CITY OR TOWN <u>Madison</u>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>607 Glenway Street</u>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Edna</u> Middle <u>Edith</u> Last <u>Denison</u>  |   | 4. DATE OF DEATH<br>Month <u>September</u> Day <u>28</u> Year <u>1962</u>   |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-29-1893</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 9. AGE (last birthday)<br><u>69</u>   |
| 11. BIRTHPLACE (City and state or country)<br><u>Macon County Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME<br><u>Hamilton Davis</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Hamilton</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Mrs. Mary M. Turner, Madison, Wis.</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                       |   |
| 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>  |   | 17. INFORMANT<br><u>Mrs. Mary M. Turner, Madison, Wis.</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Rheumatic heart Disease</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Severe decompensation; electrolyte imbalance</u>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <u>Sept 20</u> to <u>Sept 28</u> and last saw her <u>live</u> on <u>Sept 28, 1962</u><br>Death occurred at <u>1:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><u>George Ferris</u> (Degree or title)  |   | 22b. ADDRESS<br><u>Marceline Wisconsin</u>  | 22c. DATE SIGNED<br><u>9-29-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>9-30-62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Helton Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Goldsberry, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Larson Funeral Service, Bucklin, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>September 29, 1962</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Anna Watson</u>   |

**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 Larry D. Vobornik, Student Embalmer No. 699

working under my personal supervision.

Student Larry D. Vobornik  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.