

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041248

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 218

DO NOT WRITE ON THIS STUB

AMENDED

<p style="font-size: 18pt; font-weight: bold;">FILED NOV 13 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Saline</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u></p>			
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u></p>		<p>Length of stay in 1b <u>10 days</u></p>	<p>c. CITY OR TOWN <u>Slater</u></p>	<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) <u>805 N. Elm</u></p>	<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Delza</u> Middle <u>Cott</u> Last <u>Sailor</u></p>			<p>4. DATE OF DEATH Month <u>November</u> Day <u>5</u> Year <u>1962</u></p>		
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Mar. 24, 1904</u></p>	<p>9. AGE (last birthday) <u>58</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book keeper</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber yard</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Gilliam, Missouri</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Barney Cott</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Lucy Davis</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Paul Sailor</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. [REDACTED]</p>	<p>17. INFORMANT Address <u>Paul Sailor, Slater, Missouri</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of uterus with metastases</u> DUE TO (b) <u>with metastases</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>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</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.</p>			<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>February 1962</u> to <u>Nov. 5, 1962</u> and last saw her <u>her</u> alive on <u>Nov. 4, 1962</u> Death occurred at <u>6:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <u>C. A. McBurney Md.</u> (Degree or title)</p>			<p>22b. ADDRESS <u>Slater, Mo.</u></p>		<p>22c. DATE SIGNED <u>11/6/62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Nov. 7, 1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Slater, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Haines Funeral Home, Slater, Missouri</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>Nov. 7-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Leslie D. Peal</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 14 1962

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 Walter J. Kainer, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.