

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041655

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1314

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117

2 5110

3

4 1

5 2

6

7 0

8 0

9 4200

10

11

12 93-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. FILED DEATH NOV 27 1962		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Mo</u>	b. COUNTY <u>Buchanan</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>4-3 yrs</u>	c. CITY OR TOWN <u>rickalb</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp #2</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R 7 A.</u>
3. NAME OF DECEASED (Type or print) First <u>Lilly</u> Middle <u>May</u> Last <u>Burchett</u>		4. DATE OF DEATH Month <u>11</u> Day <u>21</u> Year <u>62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-24-1880</u> = <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kushville Mo. U.S.</u>
13a. FATHER'S NAME <u>George Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kneffeth</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, part or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. IMPORTANT ADDRESS <u>Records State Hosp #2</u>
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) <u>Arteriosclerotic Heart Disease</u>			<u>3 mo.</u>
DUE TO (b) <u>General Arteriosclerosis</u>			<u>1 yr +</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Broncho-Pneumonia</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>June 1-1961</u> to <u>11-21-62</u> and last saw her alive on <u>11-20-62</u>			
Death occurred at <u>12:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Walter Smith M.D.</u>		22b. ADDRESS <u>State Hospital #2</u>	22c. DATE SIGNED <u>11-21-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/24/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheatlawn Cemetery</u>	23d. LOCATION (City, town, or county) <u>DoKalb Mo.</u>
24. FUNERAL DIRECTOR <u>Hester-Bauman</u> ADDRESS <u>St Joseph, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 26, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Standell</u>

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 11/22/62

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 William J. Spudis

Licensed Embalmer No. 4535

P. O. Address St. Joseph

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.