

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-005029

DO NOT WRITE ON THIS STUB

FILED MAR 6 1963

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. \_\_\_\_\_

79 STATE FILE NUMBER

VS 300	DATE AMENDED
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	DOCUMENT
	MEDICAL CERTIFICATION
	BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>10</u> days	c. CITY OR TOWN <u>Memphis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>HELEN</u> First Middle Last <u>REED</u>		4. DATE OF DEATH <u>Feb. 12</u> Month Day <u>1963</u> Year	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-29-1906</u> 9. AGE (last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during 1 year of most recent year, if retired) <u>beauty operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Scotland Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Thomas Sallee</u>	
13b. MOTHER'S MAIDEN NAME <u>Nora Frazee</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) (If yes, give war or dates of <u>no</u> )		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Boyd Croly</u> Address <u>Memphis, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>OVERWHELMING PERITONITIS</u> DUE TO (b) <u>Post-surgical Bowel Perforation</u> DUE TO (c) <u>Partial Colectomy 2-6-63</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>2 DAYS</u>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>STANDING ADENOCARCINOMA OF COLON</u>		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 _____ a.m. _____ p.m. 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>2-2-63</u> to <u>2-12-63</u> and last saw her alive on <u>2-12-63</u> Death occurred at <u>12 noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edith Laughlin JDO</u>		22b. ADDRESS <u>KIRKSVILLE, MO</u>	
22c. DATE SIGNED <u>8-1-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-14-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pauline Rutledge</u>	
23d. LOCATION (City, town, or county) <u>Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 4. 1963</u>	
24. FUNERAL DIRECTOR <u>D. W. Payne &amp; Sons</u> ADDRESS <u>Memphis, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>David W. Rattiff</u>	

MEMPHIS-100

MAY 6 1963

EARL BAUGHMAN, JR., D.D.

Permit issued Oct 12, 1963

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.