

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010094

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 17

VS 300
Rev. 4/59

DATE AMENDED

1 1070

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED FEB 19 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Texas</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u> Length of stay in 1b <u>21 das.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas County Mem. Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u></p> <p>c. CITY OR TOWN <u>Huggins</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>ROSALIE SUNBEAM ATHERTON</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>Feb. 13, 1963</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>11/28/1905</u> 9. AGE (last birthday) <u>57</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	
<p>11a. BIRTHPLACE (City and state or country) <u>Burlingame, Kans.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>George Ralph</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Lily O'Conner</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>William Louis</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.</p>		<p>17. INFORMANT Address <u>William L. Atherton, Huggins, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Primary carcinoma of L. Breast</u></p> <p style="text-align: center;">DUE TO (b) <u>Generalized Carcinomatosis</u></p> <p style="text-align: center;">DUE TO (c) <u>Intra Abdominal Hemorrhage</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None.</u></p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 STATE</p>	
<p>21. I attended the deceased from <u>5/1/1960</u> to <u>2/13/63</u> and last saw her alive on <u>2/13/63</u>. Death occurred at: <u>7:00 p.</u> m. on the date stated above, and to the best of my knowledge from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>J. Burns, M.D.</u></p>		<p>22b. ADDRESS <u>Houston, Mo.</u></p>	
<p>22c. DATE SIGNED <u>2/15/63</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>2/17/ 1963</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>No. 1</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>Huggins, Texas Co., Missouri</u></p>		<p>24. FUNERAL DIRECTOR ADDRESS <u>Elliott-Duff, Houston, Missouri</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>2/15/1963</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u></p>	

MAR 5 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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, 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.