

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014915

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 285

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p style="font-size: 18pt; font-weight: bold;">FILED APR 23 1963</p>		<p>1. PLACE OF DEATH a. COUNTY <u>Boone</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u></p>		<p>Length of stay in 1b <u>14 days</u></p>		<p>c. CITY OR TOWN <u>Senath</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>635 West Commercial</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Violet Braddum</u></p>			<p>4. DATE OF DEATH Month Day Year <u>April 17 1963</u></p>		
<p>5. SEX <u>female</u></p>		<p>6. COLOR OR RACE <u>white</u></p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>2-27-12</u></p>		<p>9. AGE (last birthday) <u>51</u></p>		<p>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>housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>none</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Senath, Missouri</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>Claude Williams</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Lavenia Jane Cook</u></p>	
<p>14. NAME OF HUSBAND OR WIFE</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ) <u>Unknown</u></p>		<p>16. SOCIAL SECURITY NO. <u>[redacted]</u></p>	
<p>17. INFORMANT Address <u>Hospital Records, Columbia, Missouri.</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized metastases</u> DUE TO (b) <u>Carcinoma Breast</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</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 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 a.m. p.m. Month, Day, Year</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>4-3-63</u> to <u>4-17-63</u> and last saw her <sup>him</sup> alive on <u>4-17-63</u> Death occurred at <u>3:30 A</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>William P. Wagner, M.D.</u></p>			<p>22b. ADDRESS <u>Ellis Fischel State Hosp</u></p>		<p>22c. DATE SIGNED <u>4/17/63</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u></p>		<p>23b. DATE <u>4-17-63</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Senath Cem</u></p>		<p>23d. LOCATION (City, town, or county) <u>SENATH, MO</u></p>
<p>24. FUNERAL DIRECTOR <u>Mc DANIEL FUNERAL HOME SENATH MO</u></p>		<p>ADDRESS</p>		<p>25. DATE RECD. BY LOCAL REG. <u>April 17, 1963</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u></p>

APR 25 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 J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus, 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.