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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015309

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 72 Primary Registration District No. 4130 Registrar's No. 104

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6000

2 6000

3

4 1

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7 0

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9 175.0

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11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 7 1963

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN Clayton Length of stay in lb 4 yrs
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 253 E park Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clay
c. CITY OR TOWN Clayton Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 253 E park Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
FANNIE O. AUBREY April 25-1963

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Nov 9-1887 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY ✓ 11. BIRTHPLACE (City and state or country) Clay Co. Miss. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Rev. Lon Childers 13b. MOTHER'S MAIDEN NAME Wynia Childers 14. NAME OF HUSBAND OR WIFE E.R. Aubrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no) NO. 17. INFORMANT Address E.R. Aubrey K.C. 19 Mo.(W)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis Autopsy 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) primary left ovary
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 years - to _____ and last saw her alive on April 25-63
Death occurred at 1:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph Gadsden 22b. ADDRESS Liberty Mo 22c. DATE SIGNED 4/25/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-27-63 23c. NAME OF CEMETERY OR CREMATORY White Chapel 23d. LOCATION (City, town, or county) Clay Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Emmanuel Archer - Liberty Mo. 25. DATE REC'D. BY LOCAL REG. 4-25-63 26. REGISTRAR'S SIGNATURE Marquitta Anderson

USE BLACK INK OR TYPEWRITER RIBBON

JUN 13 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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty

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.