

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017103

DO NOT WRITE ON THIS STUB

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 56

STATE FILE NUMBER

AMENDED FILED APR 18 1963

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| VS:300 Rev. 4/59 | DATE AMENDED | |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

| | | | | | |
|---|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | | | |
| b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>Louisiana</u> | | Length of stay in 1b <u>3 weeks</u> | | c. CITY OR TOWN <u>Eolia</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>General Delivery</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Marie</u> Last <u>Cash</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>1963</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/26/01</u> | 9. AGE (last birthday) <u>61</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurses Aid</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u> | | 11. BIRTHPLACE (City and state or country) <u>Summer Hill, Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Guy Edmonds</u> | | 13b. MOTHER'S MAIDEN NAME <u>Iona Ellis</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Fields Cash</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <input type="checkbox"/> | |
| 17. INFORMANT <u>Fields Cash, Eolia, Missouri</u> | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Myeloma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5-6 mo</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | 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. <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>6/25/62</u> to <u>4/10/63</u> and last saw her/him alive on <u>4/10/63</u> | | Death occurred at <u>5:25</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) <u>Chas H. Lavelle</u> M.D. | | 22b. ADDRESS <u>Louisiana, Missouri</u> | | 22c. DATE SIGNED <u>4/10/63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/12/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Eolia Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Eolia, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-12-63</u> | | 26. REGISTRAR'S SIGNATURE <u>Bernice Collins</u> | |

APR 24 1963

APR 19 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. B. Sterne

Licensed Embalmer No. 4039

P. O. Address

Louisiana 710

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.