

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017171

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 110 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0887

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | |
|---|---|---|
| FILED MAY 6 1963 | | |
| 1. PLACE OF DEATH | | |
| a. COUNTY <u>Randolph</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Length of stay in lb <u>7 dys</u> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| a. STATE <u>Mo.</u> b. COUNTY <u>Monroe</u> | | |
| c. CITY OR TOWN <u>Madison</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. STREET ADDRESS (If outside, give location) <u>304 S. Todd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED | | |
| First <u>HELEN</u> Middle <u>PAULINE</u> Last <u>DUNAWAY</u> | | |
| 4. DATE OF DEATH Month <u>April</u> Day <u>28</u> Year <u>1963</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |
| 8. DATE OF BIRTH <u>9-10-1876</u> | 9. AGE (last birthday) <u>86</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>House wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Monroe Co., Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>James Hiram Davis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Berilla Swindell</u> |
| 14. NAME OF HUSBAND OR WIFE <u>-----</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. <u>-----</u> |
| 17. INFORMANT <u>Bess Swartz</u> | | Address <u>Madison, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: | | |
| PART I. IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease.</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 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 _____ Month, Day, Year _____ a.m. _____ p.m. | | |
| 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>April 22, 1963</u> to <u>April 28, 1963</u> and last saw her/him alive on <u>Apr. 26, 1963</u> | | |
| Death occurred at <u>12:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>Will Henry Jones</u> (Degree or title) | | 22b. ADDRESS <u>Moberly, Mo.</u> |
| | | 22c. DATE SIGNED <u>4/29/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-30-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem.</u> |
| | | 23d. LOCATION (City, town, or county) (State) <u>Madison, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Thompson-Mackler</u> ADDRESS <u>Madison, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>4/29/1963</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>W. Earl White</u> |

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

Joseph R. Mackler

Licensed Embalmer No. 4570

P. O. Address Madison, 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.

Bernick [unclear] 4-29-63