

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019282

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 173

DO NOT WRITE ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

10147

20147

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 3 1963	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton, Mo.</u>	Length of stay in 1b <u>life</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hosp.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <u>514 E. 5th St.</u>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>Leota</u> Last <u>Koontz</u>	4. DATE OF DEATH Month <u>May</u> Day <u>25</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-13-1894</u>
9. AGE (last birthday) <u>69</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>Floral Designer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Florist</u>
11. BIRTHPLACE (City and state or country) <u>Callaway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elmer Koontz</u>	13b. MOTHER'S MAIDEN NAME <u>Josie Smith</u>
14. NAME OF HUSBAND OR WIFE <u>none</u>	17. INFORMANT <u>Carl Koontz, Jefferson City, Mo.</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. ADDRESS <u>Jefferson City, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fav advanced carcinoma of liver + bile ducts (Primary site - Gall bladder) with jaundice &amp; generalized metastases</u> 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 checked="" 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 _____ s.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 <u>Fulton, Mo.</u>	
20g. COUNTY <u>Callaway</u>	
20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>4/12/62</u> to <u>5/25/63</u> and last saw her alive on <u>5/24/63</u> Death occurred at <u>245 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Henry Smith M.D.</u>	22b. ADDRESS <u>Fulton, Mo.</u>
22c. DATE SIGNED <u>5/27/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-27-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Fulton, Mo.</u>	
23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Marlin Funeral Home, Fulton, Mo.</u>	25. DATE REC'D BY LOCAL REG. <u>May 31 - 1963</u>
26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 25 1963

JUN 27 1963

JUL 22 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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, 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.