

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027504

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 41

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 27 1963

VS 300
Rev. 4/59

1 0150

2 0150

3

4 1

5 1

6

7 1

8 2

9 331X

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CAMDENTON</u>		c. CITY OR TOWN <u>CAMDENTON</u>	
Length of stay in 1b <u>LIFE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HA HA TONKA ROAD N</u>		d. STREET ADDRESS (If outside, give location) <u>HA HA TONKA ROAD N</u>	
3. NAME OF DECEASED (Type or print) First <u>DAISY</u> Middle <u>ADALINE</u> Last <u>GREGORIE</u>		4. DATE OF DEATH Month <u>July</u> Day <u>15</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>Sept. 23, 1883</u>
9. AGE (last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13. BIRTHPLACE (City and state or country) <u>Johnson County Kansas</u>	
13a. FATHER'S NAME <u>Speer</u>		13b. MOTHER'S MAIDEN NAME <u>LOUIE GREGORY</u>	
14. NAME OF HUSBAND OR WIFE <u>MABEL EDWARDS</u>		Address <u>309 CAMDEN AVE CAMDENTON 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. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>MABEL EDWARDS</u>		Address <u>309 CAMDEN AVE CAMDENTON MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL VASCULAR ACCIDENT.</u> DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS.</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>48-52 HOURS</u>
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>9-21-60</u> to <u>1-16-62</u> and last saw her alive on <u>7-13-1963</u> Death occurred at <u>11:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>AB Holley M.D. (Camden County Coroner)</u>		22b. ADDRESS <u>CAMDENTON MO</u>	
22c. DATE SIGNED <u>7-16-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/18/63</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Montreal Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Montreal Missouri</u>
24. FUNERAL DIRECTOR <u>Walter Hedges</u>		ADDRESS <u>CAMDENTON, MO.</u>	
25. DATE RECD. BY LOCAL REG. <u>July-17-1963</u>		26. REGISTRAR'S SIGNATURE <u>Zilpha J. Tramm</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 Walter P. Hedges

Licensed Embalmer No. 4265
P. O. Address CAMDEN, N.J.

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.