

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027956

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. ⁴²⁰¹ Registrar's No. 1121

STATE FILE NUMBER

VS 300 Rev. 4/59

1 0390
2 0390

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JUL 18 1963

1. PLACE OF DEATH
a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Republic** Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Cox Rest Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Greene**

c. CITY OR TOWN **Republic** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Ella** Middle **May** Last **Likins**

4. DATE OF DEATH Month **July** Day **9** Year **1963**

5. SEX **Femal** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **10-5-1874** 9. AGE (last birthday) **88**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (City and state or country) **Bois D'Arc, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Thomas J. Baker** 13b. MOTHER'S MAIDEN NAME **Susan Johnson** 14. NAME OF HUSBAND OR WIFE **Donald C. Likins**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. [] 17. INFORMANT **Mrs. Fay Evans** Address **Republic, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Thrombosis**
DUE TO (b) **Cardo-renal vascular disease**
DUE TO (c) []
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **7/8/63** to **7/9/63** and last saw her/him alive on **7/8/63**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *[Signature]* 22b. ADDRESS **Drawer A Republic, Mo.** 22c. DATE SIGNED **7/15/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-11-1963** 23c. NAME OF CEMETERY OR CREMATORY **Yeakley Cemetery** 23d. LOCATION (City, town, or county) (State) **Greene Co. Missouri**

24. FUNERAL DIRECTOR **W. B. Cantrell** ADDRESS **Republic, Mo.** 25. DATE RECD. BY LOCAL REG. **7-17-63** 26. REGISTRAR'S SIGNATURE *[Signature]*

USE BLACK INK OR TYPEWRITER RIBBON

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 William B. Boutwell

Licensed Embalmer No. 2870
P. O. Address Keokuk, 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.