

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028003

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2,000 Registrar's No. 1169-A STATE FILE NUMBER

FILED AUG 5 1963

DO NOT WRITE ON THIS STUB AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
10397				
21120				
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4 1				
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8 2				
82001				
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12 1-0				
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	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 5 DAYS		c. CITY OR TOWN CONWAY MO RI Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION BURGE HOSP Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 MI EAST Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FANNIE JANE SUMMERS			4. DATE OF DEATH Month Day Year JULY 22 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-22-1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME FRANK McCLANAHAN	
13b. MOTHER'S MAIDEN NAME ANNA JANE PROCK		14. NAME OF HUSBAND CREED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. CREED SUMMERS CONWAY RI	
17. INFORMANT Address CREED SUMMERS CONWAY RI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS INTERVAL BETWEEN ONSET AND DEATH 6 DAYS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LYMPHOSARCOMA 1 YR 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 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	COUNTY STATE
21. I attended the deceased from 6-25-63 to 7-22-63 and last saw her alive on JULY 21, 1963 Death occurred at 621 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W Yates Trotter MD		22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 7-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-22-1963	23c. NAME OF CEMETERY OR CREMATORY EUREKA	
23d. LOCATION (City, town, or county) EUREKA WEBSTER Co MO		23e. STATE MO	
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD.		25. DATE RECD. BY LOCAL REG. 7-31-63	26. REGISTRAR'S SIGNATURE E. J. Melton

USE BLACK INK OR TYPEWRITER RIBBON

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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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mr. George Stapp

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.