

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 64 63-052072

FILED SEP 11 1963

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Rev. 4/59

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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

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Holt</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oregon</u> | | Length of stay in 1b <u>Lifetime</u> | c. CITY OR TOWN <u>Oregon</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 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>CARRIE</u> Middle <u>McDONALD</u> Last <u>McDONALD</u> | | | 4. DATE OF DEATH Month <u>September</u> Day <u>3</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>3/24/1881</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>82</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR |
| 11. BIRTHPLACE (City and state or country) <u>Oregon, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Barewalt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ecaretta Tochterman</u> | 14. NAME OF HUSBAND OR WIFE <u>Amos McDonald</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs. Elizabeth Reed, Oregon, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYPOSTATIC PNEUMONIA</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>HEART ATTACK</u> | | | <u>4 weeks</u> |
| DUE TO (c) <u>CARDIO-VASCULAR RENOV Dis.</u> | | | <u>1 mo.</u> |
| 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | 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.) <u> </u> 20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u> | | |
| 21. I attended the deceased from <u>7-8-63</u> to <u>9-3-63</u> and last saw her/him alive on <u>8-29-63</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Howard E. Colbin A.B., M.D.</u> | | 22b. ADDRESS <u>Oregon, Missouri</u> | 22c. DATE SIGNED <u>9/3/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9/5/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Oregon, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>James H. Pettigrew Oregon, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-5-1963</u> | 26. REGISTRAR'S SIGNATURE <u>James H. Pettigrew</u> |

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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.

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