

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036965

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 28

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 30 1963

VS '300	DATE AMENDED
Rev. 4/59	
1 0690	
2 0640	
3	
4 1	
5 0	
6	
7 0	
8 2	
93533F	
10	
11	
12 26-0	
13 3-0	

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 MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) MONROE CITY		Length of stay in 1b 8 YEARS	c. CITY OR TOWN MONROE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 3
3. NAME OF DECEASED (Type or print) First Middle Last ADHA VAUSE Mc CLINTIC		4. DATE OF DEATH Month Day Year SEPTEMBER 26, 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT 7, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (last birthday) 84
13a. FATHER'S NAME WILLIAM SHANKLIN Mc CLINTIC		11. BIRTHPLACE (City and state or country) MARION COUNTY, MO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis		13b. MOTHER'S MAIDEN NAME NANCY Mc CLINTIC	
DUE TO (b) Fractured hip - best		14. NAME OF HUSBAND OR WIFE Mr. L. S. Ripkin	
DUE TO (c) Epilepsy		17. INFORMANT Mr. L. S. Ripkin	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address Monroe City, Mo	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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	
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 checked="" 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 July 10, 1961 to Sept. 26, 1963 and last saw her alive on Sept. 6, 1963		22c. DATE SIGNED 9-27-63	
22a. SIGNATURE (Degree or title) F. G. Barnett, M.D.		22b. ADDRESS Paris, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI	
23b. DATE SEPT 28, 1963		23c. NAME OF CEMETERY OR CREMATORY St. JUDES CEMETERY	
24. FUNERAL DIRECTOR Wilson & Sons		25. DATE RECD. BY LOCAL REG. Sept. 27-1963	
26. ADDRESS Monroe City, Mo		26. REGISTRATION SIGNATURE [Signature]	

(Copied Embalmer's Statement on Reverse Side)

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 Julia L. Hilkey

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.