

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038608

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 391 Primary Registration District No. 1504 Registrar's No. 34

FILED OCT 11 1963

VS 300
Rev. 4/59

1 1030

2 1030

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12 90-2

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Advance,</u>		Length of stay in 1b <u>40 yrs.</u>	c. CITY OR TOWN <u>Advance,</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Advance,</u>
3. NAME OF DECEASED (Type or print) First <u>Molly</u> Middle <u>Bird</u> Last <u>Elliott</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>29</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>3/23/31</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>
13a. FATHER'S NAME <u>Jasper Spillman</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	11. BIRTHPLACE (City and state or country) <u>Rome, Ga.</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>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
17. INFORMANT <u>Robert Elliott, Advance, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Elliott</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>	
DUE TO (b) <u>Circulatory Failure</u>		<u>1 HR.</u>	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>Hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous cerebral thrombotic congestive heart failure</u>		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 form 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION <u>Advance, Mo.</u>	
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.)	
21. I attended the deceased from <u>1958</u> to <u>9-29-63</u> and last saw her alive on <u>9-29-63</u> Death occurred at <u>8:20 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L.A. Masters D.O.</u>		22b. ADDRESS <u>Advance Mo.</u>	
22c. DATE SIGNED <u>9-30-63</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/3/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>
24. FUNERAL DIRECTOR <u>Wm. H. Morgan, Advance, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/30/63</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Moore</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 _____

Wm H May

Licensed Embalmer No. 4640

P. O. Address Advance, 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.