

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040696

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 4333 Registrar's No. 65

FILED NOV 6 1963

VS 300	DATE AMENDED
Rev. 4/59	
10680	
20680	
3	
4 1	
5 2	
6	
7 1	
8 2	
9 4/3/11	
10	
11	
12 90-2	
13 10	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
INSTEAD OF	
DOCUMENT	
MEDICAL CERTIFICATION	
BY AFFIDAVIT OF	
ITEM NO.	SHOULD READ

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clarksburg		Length of stay in lb 19 Years	c. CITY OR TOWN Clarksburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS In City
3. NAME OF DECEASED (Type or print) MARY CATHERINE SIDEBOTTOM		4. DATE OF DEATH OCTOBER 27, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/20/1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Iowa
13a. FATHER'S NAME Hugh Porter		13b. MOTHER'S MAIDEN NAME Rachel	14. NAME OF HUSBAND OR WIFE William Sidebottom (Dec.)
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.	17. INFORMANT Address Mrs. J.H. Stinson, Clarksburg, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured right femur			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 checked="" 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.) Fell in house	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year 1963		
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.) home	20f. CITY, TOWN, OR LOCATION Clarksburg, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from June 1961 to Oct. 23, 1963 and last saw her alive on 10-23-63 Death occurred at 12:25a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.H. Moore D.O.		22b. ADDRESS California, Mo.	22c. DATE SIGNED 10/28/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/28/1963	23c. NAME OF CEMETERY OR CREMATORY Latham Cemetery	23d. LOCATION (City, town, or county) (State) Latham, Missouri
24. FUNERAL DIRECTOR Hugh E. Williams, California, Missouri		25. DATE RECD. BY LOCAL REG. 10/28/1963	26. REGISTRAR'S SIGNATURE Helen Popejoy

USE BLACK INK OR TYPEWRITER RIBBON

