

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041017

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 238 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 1 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Randolph</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Length of stay in 1b 35 yrs.</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phillips Rest Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri COUNTY Randolph</p> <p>c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 610 Promenade Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Liza Middle Pearl Last Valentine</p> <p>4. DATE OF DEATH Month 10 Day 25 Year 63</p>	
<p>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"/></p> <p>8. DATE OF BIRTH 4/18/91 9. AGE (last birthday) 72</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY</p> <p>11. BIRTHPLACE (City and state or country) Hallsville, Mo. 12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME. Sidney Winn 13b. MOTHER'S MAIDEN NAME Alice Sims 14. NAME OF HUSBAND OR WIFE Elmer Valentine</p>	
<p>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 Elmer Valentine Address Moberly, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Myocardial Infaction due to arteriosclerotic heart disease.</p> <p>IMMEDIATE CAUSE (a) _____ DUE TO (b) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinsonism, cause unknown. 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</p> <p>Suspect drugs used in treatment for schizophrenia.</p>	
<p>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.)</p> <p>20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____</p>	
<p>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 _____</p>	
<p>21. I attended the deceased from Sept. 26, 1963 to Oct. 25, 1963 and last saw her alive on October 25, 1963 Death occurred at 2:00pm on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <i>Clarence C. Cohrs</i> (Degree or title) 22b. ADDRESS 317 Virginia Ave. Moberly, Missouri 22c. DATE SIGNED 10/26/63</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/27/63 23c. NAME OF CEMETERY OR CREMATORY Huntsville City Cem. 23d. LOCATION (City, town, or county) Huntsville, Mo. (State)</p>	
<p>24. FUNERAL DIRECTOR Million & Greer ADDRESS Moberly, Mo. 25. DATE RECD. BY LOCAL REG. 10/28/63 26. REGISTRAR'S SIGNATURE <i>W. Earl White</i></p>	

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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

USE BLACK INK OR TYPEWRITER RIBBON

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Mo Bernick

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 *William E. Miller*

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.