

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044823

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 262 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
15745						
20740						
3						
4 1						
5 0						
6						
7 0						
8 2						
9/170x						
10						
11						
12 2-0						
13 1-0						
ITEM NO.	SHOULD READ					

FILED DEC 2 1963	
1. PLACE OF DEATH	
a. COUNTY Nodaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville	a. STATE Missouri COUNTY Nodaway
Length of stay in lb 1 week	c. CITY OR TOWN Burlington Jct.
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital	d. STREET ADDRESS none
3. NAME OF DECEASED	
First LUCILE	Middle MAE
Last CARTER	4. DATE OF DEATH
Month 11	
Day 22	
Year 63	
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 12/18/92
9. AGE (last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher - retired
10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) Burlington Jct., Mo.
12. CITIZEN OF WHAT COUNTRY USA	13a. FATHER'S NAME Dr. M. Carter
13b. MOTHER'S MAIDEN NAME Emma Mae Winn	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv no	16. SOCIAL SECURITY NO. no
17. INFORMANT Miss Audrey L. Carter, Burlington Jct., Mo.	Address Jct., 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)	Carcinomatous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	Carcinoma of breast
	DUE TO (c)
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 a.m. p.m.	Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION	
COUNTY	
STATE	
21. I attended the deceased from <u>5/21/62</u> to <u>11/22/63</u> and last saw her <u>alive</u> on <u>11/22/63</u>	
Death occurred at <u>8:40</u> A. <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>B. F. Byland</i>	(Degree of title) M. D.
22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 11/23/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/24/63
23c. NAME OF CEMETERY OR CREMATORY Oak Hill	
23d. LOCATION (City, town, or county) Maryville, Missouri	
(State)	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.	ADDRESS
25. DATE RECD. BY LOCAL REG. 11 25 63	26. REGISTRAR'S SIGNATURE <i>Beas/bult</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 23 1964

MAR 17 1964

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

GD Merrick

Licensed Embalmer No.

5188

P. O. Address

Thayville, 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.