

Registration District No. 314 Primary Registration District No. 3059 Registrar's No. 89

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

- 9. 1
- 10a. 76
- 10b.
- 11. 0
- 12. 2
- 13. 485X
- 14.
- 15. 4
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 1-0

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1. Gertrude		Alvada		House	Female	Feb. 18, 1971				
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH				
4. White		5a. 76	5b. MOS. DAYS	5c. HOURS MIN.	Apr. 11, 1894	7a. St. Francois				
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
7b. Bonne Terre, Mo.		7c. Yes	7d. Bonne Terre Hospital							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Missouri		9. U.S.A.		10. Widowed	11. None					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
12. Unknown		13a. House-wife		13b. None						
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER				
14a. Mo.		14b. St. Fran.	14c. Leadington		14d. Yes	14e.				
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME					
15. Hardin		Williams			16. Tucker Martha Williams					
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
17a. Mrs. Frances Mills		17b. Leadington, Mo.								
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE		3. Broncho pneumonia				3 days				
(a) DUE TO, OR AS A CONSEQUENCE OF:										
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF:								
		(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
70a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		70b. DATE OF INJURY (MONTH, DAY, YEAR)	70c. HOUR	70d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)						
70e. INJURY AT WORK (SPECIFY YES OR NO)		70f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		70g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		70h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS				
70e.		70f.		70g.		70h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. ATTENDED THE DECEASED FROM		2-1-71	10	2-18-71	21c. 2-18-71	21d. did	21e. 10:10 A			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD			MONTH	DAY	YEAR	HOUR
22a.		M. 22b.								
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE			DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)				
23a. R.A. Fraser, M.D.		23b. R.A. Fraser, M.D.				23c. 2/2/71				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP				
23d. 43 St. Joe		Rivermines, Mo		63668						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION		CITY OR TOWN	STATE		
24a. Burial		Millview Memo. Gardens			24c. Route 1		Farmington, Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP					
24d. Feb. 21, 1971		25a. Caldwell Funeral Home 711 E. Main			Flat River, Mo.					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR					
25b. David P. Caldwell		26a. Esther Mathews			26b. Feb. 21, 1971					

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Felton, 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.