

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0014148

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 307

FILED MAR 31 1966

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|----------------|--------------|
| VS 300 | DATE AMENDED |
| Rev. 4/59 | |
| 1 <u>1070</u> | |
| 2 <u>1010</u> | |
| 3 | |
| 4 <u>1</u> | |
| 5 <u>1</u> | |
| 6 | |
| 7 <u>0</u> | |
| 8 <u>2</u> | |
| 9 <u>162.1</u> | |
| 10 | |
| 11 | |
| 12 <u>40-2</u> | |
| 13 <u>1-0</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Home</u> | | c. CITY OR TOWN <u>Eminence</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If outside, give location) <u>Home</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Susan</u> Middle <u>Louise</u> Last <u>Counts</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>18</u> Year <u>1966</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</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>8/22/78</u> |
| 9. AGE (last birthday) <u>87</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </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 <u> </u> | 11. BIRTHPLACE (City and state or country) <u>Eminence, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13. FATHER'S NAME <u>Thomas Bolin</u> | |
| 14. MOTHER'S MAIDEN NAME <u>M^{rs} Lissa Davis</u> | | 15. NAME OF HUSBAND OR WIFE <u>Fred V. Counts</u> | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. SOCIAL SECURITY NO. <u>none</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma</u> | | 19. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 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 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> | | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u> | |
| 21. I attended the deceased from <u>July 29, 1964</u> and last saw her alive on <u>Mar 18, 1966</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE <u>Denton Watson, D.O.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3/20/66</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Eminence Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-30-1966</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Shelby Lane</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

APR 5 1966

Bernard Pernick-Allen's

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

Signature Joe R. Lunsan

Licensed Embalmer No. 4325

P. O. Address Mt. View, 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.