.S. No. 300
ev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13569

State File No. .....

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5244 Registrar's No. 33

0210
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cockrell
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cockrell 0210
d. STREET ADDRESS (If rural, give location): Southeast of Marceline 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lou
b. (Middle): Zetta
c. (Last): Case

4. DATE OF DEATH (Month) (Day) (Year): April 15,53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 4,1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 2, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Chariton County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Scott
13b. MOTHER'S MAIDEN NAME: Jane Calyburg
14. NAME OF HUSBAND OR WIFE: Jeff Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Jeff Case Bynumville, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Arterio Sclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1953 *to* 4-14, 1953, *that I last saw the deceased alive on* 4-14, 1953, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G W Hawkins MD
23b. ADDRESS: Salisbury Mo
23c. DATE SIGNED: 4/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/53
24c. NAME OF CEMETERY OR CREMATORY: McCurry
24d. LOCATION (City, town, or county) (State): Southeast of Marceline

DATE REC'D BY LOCAL REG.: 4/20/53
REGISTRAR'S SIGNATURE: G W Hawkins .55
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jas McLaug Felin Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 X

X Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Macedonia, 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 this body is not embalmed, fact should be so stated above.