

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16246

State File No.

FILED MAY 24 1955

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3057 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Louisiana</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 1 0820</u>	

3. NAME OF DECEASED a. (First) <u>Virgil</u> b. (Middle) <u>Franklin</u> c. (Last) <u>TREASTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 20 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Apr 12 1907</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Oakwood 1770 Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Franklin Treaster</u>		13b. MOTHER'S M maiden NAME <u>HOPO P. Rickard</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Belle Treaster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy Treaster Louisiana Mo Rt 1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		DUE TO (b) <u>Atherosclerosis</u>			<u>20 min.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<u>yes.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Acute Cong. fail. & Pneumonia</u>			<u>7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 4/20, 1955, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Middleton M.D.</u>		23b. ADDRESS <u>Louisiana</u>		23c. DATE SIGNED <u>4/22/55</u>	
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24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>Apr 22 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	
DATE REC'D BY LOCAL REG. <u>5/17/55</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>	
24e. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u>		ADDRESS <u>Bowling Green Mo</u>			

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

MAY 24 1955

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 *Garold C. Kink*

Licensed Embalmer No. *45*

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.