

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19532**

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **22** PRIMARY REG. DIST. NO. **3005** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY OR TOWN Hume	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 0070	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle) (Betty)	c. (Last) Innes	4. DATE OF DEATH (Month) (Day) (Year) July 6 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH June 28 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Stroma Island Scotland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Donald Simpson	13b. MOTHER'S MAIDEN NAME Isabella Smith	14. NAME OF HUSBAND OR WIFE Alexander Innes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 509005 5098A	17. INFORMANT'S SIGNATURE OR NAME Pleasanton Kansas	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTESTINAL OBSTRUCTION		1 WEEK
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FECAL IMPACTION		UNKNOWN
DUE TO (c) CONVALESCENT OPEN REDUCTION FRACTURE LEFT FEMUR		3 MO	
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 5704F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 5, 1956, to July 6, 1956**, that I last saw the deceased alive on **July 6, 1956**, and that death occurred at **6:19P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John M. Cooper M.D.	23b. ADDRESS BUTLER, MO	23c. DATE SIGNED 7-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 8 1956	24c. NAME OF CEMETERY OR CREMATORY Hume	24d. LOCATION (City, town, or county) (State) Hume Bates Missouri
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DATE REC'D BY LOCAL REG. July 9-56	REGISTRAR'S SIGNATURE Kenneth King	25. FUNERAL DIRECTOR'S SIGNATURE TORNEDEN FUNERAL HOME	ADDRESS PLEASANTON KANSAS
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(Licensed Embalmer's Statement on Reverse Side)

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

70

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~DEBY~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Earl W. Formden*

Licensed Embalmer No..... 358

P. O. Address Pleasanton..

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