

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27608

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5724 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <b>Macon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>MACON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Valley Twp.</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Valley township</b>		e 610
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 miles N. of New Cambria</b>			d. STREET ADDRESS (If rural, give location) <b>6 miles N. of New Cambria</b>		
3. NAME OF DECEASED (Type or Print) <b>Monta Souther</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 26, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 4, 1905</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (State or foreign country) <b>Valley twp., Macon Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>John Souther</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha King</b>		14. NAME OF HUSBAND OR WIFE <b>Orpha Souther</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>492-42-5170</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Orpha Souther, Ethel, Mo.</b>		
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) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>45 min.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</b>			<b>32 mo.</b>		
DUE TO (c) _____					
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 _____		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) <b>4201</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <b>8/10, 1956</b> , to <b>8/26, 1956</b> , that I last saw the deceased alive on <b>8/23, 1956</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>H. C. Evans M.D.</b>		23b. ADDRESS <b>Brookfield, Mo.</b>		23c. DATE SIGNED <b>8/24/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>Aug 28, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WHITE OAK</b>	24d. LOCATION (City, town, or county) (State) <b>6 Miles North of New Cambria Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8/26/56</b>		REGISTRAR'S SIGNATURE <b>Paul M. Guey</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. E. Filledale New Cambria Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

50  
WHILE PRINTING - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

Date Filed ..... 9.11.56 .....

**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.

Signed.....

*R. Lester Brown*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

4472

P. O. Address.....

*Merion, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.