

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31295

State File No.

FILED SEP 17 1956

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>4288</u>		Registrar's No. <u>124</u>		
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>				
b. CITY OR TOWN <u>Moscow Mills</u>		c. LENGTH OF STAY (In this place) <u>51 yr</u>		c. CITY OR TOWN <u>Moscow Mills</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				e. STREET ADDRESS (If rural, give location) <u>0570</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORDELIA</u> b. (Middle) <u>ARCHER</u> c. (Last) <u>BASTLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar 6 1859</u>		
9. AGE (In years last birthday) <u>97</u>		10. MONTHS <u>6</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Troy Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>Housework</u>		13a. FATHER'S NAME <u>Matthew Crouch</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Smith</u>		
13c. NAME OF HUSBAND OR WIFE <u>Wm Bastler</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mar Laura Eyer</u>		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Superiority of age</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>malnutrition</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		794X		
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 <u>Aug 8, 1956</u> to <u>Sept 10, 1956</u> , that I last saw the deceased alive on <u>Sept 2, 1956</u> and that death occurred at <u>1:35 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H.T. Kelly</u>		23b. ADDRESS <u>D.O. Troy Mo.</u>		23c. DATE SIGNED <u>9-11-56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 13, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flourhill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-15-1956</u>		REGISTRAR'S SIGNATURE <u>Emma D. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>		ADDRESS <u>Troy Mo</u>		

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

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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 *Wayne M. Boy*.....
Licensed Embalmer No. *3582*

P. O. Address *Troy, 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.