

Health, Welfare, Public Service
 000-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 3

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40427

FILED NOV 14 1956

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6277 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hartsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hartsville Mo</u>		Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 15'		d. STREET ADDRESS (If outside, give location) <u>1 B Min W Hartsville</u>	
3. NAME OF DECEASED (Type or print) First <u>PRUDENCE</u> Middle <u>ANN</u> Last <u>MOORE</u>				4. DATE OF DEATH Month <u>10</u> Day <u>31</u> Year <u>1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 25/1861</u>		9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>HARTVILLE</u> <u>Mrs. Will Gardner</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>Oct 21</u> to <u>56 Oct 21</u> and last saw her alive on <u>Oct 21 1956</u> Death occurred at <u>10-31-56 9A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. V. Hough</u> (Dr or title)				22b. ADDRESS <u>Springfield</u>		22c. DATE SIGNED <u>10.31.56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov 2-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield Greene Mo.</u>	
24. FUNERAL DIRECTOR <u>J. W. Klingner & Co. Springfield</u> ADDRESS _____				25. DATE REC'D. BY LOCAL REG. <u>10-31-56</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Howard Clayton</u>	

RECEIVED 11-3-11
WRIGHT CO. HEALTH DEPT.
County File Number 11-56-105
Date Filed 11-13-1956

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.....
Ogle Stone Jno

Licensed Embalmer No. 41

P. O. Address *Spring*

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.