

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

155

STATE FILE NUMBER

JAN 28 1957

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 10

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Lamar			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home				Length of stay in 1b 3 months		d. STREET ADDRESS Route 2 (If outside, give location)	
3. NAME OF DECEASED (Type or print) VERLIN		SARGENT		MESSENGER		4. DATE OF DEATH Jan. 20, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 4, 1864		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Marion County, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Henry N. Messenger				14. MOTHER'S MAIDEN NAME Melinda Sargent			
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. None		17. INFORMANT Mrs. W. O. Mallory, Rt. 2, Lamar, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic caecidiosis							INTERVAL BETWEEN ONSET AND DEATH 5 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pyelo-cystitis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 3:05 Month 2 Day 2 Year 1957 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		20g. COUNTY STATE	
21. I attended the deceased from Dec. 15 30. to Jan 10 and last saw her alive on 1-20-57 Death occurred at 3:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D. R. Guedner M.D.				22b. ADDRESS LAMAR		22c. DATE SIGNED Jan 21 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-22-1957	23c. NAME OF CEMETERY OR CREMATORY Cleveland Ks. Cemetery		23d. LOCATION (City, town, or county) (State) Cleveland, Kansas		
24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo.				25. DATE RECD. BY LOCAL REG. JAN 21 57		26. REGISTRAR'S SIGNATURE Marie Kovantz	

(Licensed Embalmer's Statement on Reverse Side)

14-0

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 *James W. Chiles*

Licensed Embalmer No. *347*

P. O. Address *Sanat 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.