

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

571

FILED FEB 8 1957

STATE FILE NUMBER

Registration District No. 5-8 Primary Registration District No. 4089 Registrar's No. 2

health, welfare, public service  
 300  
 1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>CARTER</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>CARTER</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits<br>OR TOWN <b>GRANDIN</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>GRANDIN</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>GEN. DELIVERY</b>  |  | Length of stay in 1b <b>80 YEARS</b>  | d. STREET ADDRESS (If outside, give location) <b>GEN DEL.</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <b>MARY MYRICK</b><br><small>First Middle Last</small>  |  |   | 4. DATE OF DEATH <b>JAN. 12, 1957</b><br><small>Month Day Year</small>  |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>WHITE</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>DEC. 3, 1876</b>  |
| 9. AGE (In years last birthday) <b>80</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HRS.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>  | 11. BIRTHPLACE (City and state or country) <b>RIPLEY COUNTY, MO.</b>  |
| 12. CITIZEN OF WHAT COUNTRY <b>USA</b>  |  | 13. FATHER'S NAME <b>THOMAS MCKINNEY</b>  |   |
| 14. MOTHER'S MAIDEN NAME <b>JANE PAYNE</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>NONE</b>   |  | 17. INFORMANT Address <b>MRS. GLADYS HOOD DONIPHAN, MO.</b>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) _____<br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Heart Disease</b><br>DUE TO (c) _____ |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  |
| 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 checked="" 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, Month; Day, Year<br>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 <b>1-10-57</b> to <b>1-12-57</b> and last saw her alive on <b>1-11-57</b><br>Death occurred at <b>1-12-57</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |   |
| 22a. SIGNATURE <b>Clifford Hopton MD</b> (Degree or title)  |  | 22b. ADDRESS <b>Doniphan Mo</b>   | 22c. DATE SIGNED <b>1-20-57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   | 23b. DATE <b>1/14/1957</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>MACEDONIA CEMETERY</b>  | 23d. LOCATION (City, town, or county) (State) <b>RIPLEY COUNTY, MISSOURI</b>  |
| 24. FUNERAL DIRECTOR ADDRESS <b>EDWARDS FUNERAL HOME DONIPHAN, MO.</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>Feb. 2-1957</b>   | 26. REGISTRAR'S SIGNATURE <b>Mrs Octa Henson</b>  |

RECEIVED

FEB 7 1957

CARTER COUN  
HEALTH CENTR

FEB

8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene Harrent*  
Licensed Embalmer No. 48

P. O. Address *Donipha*

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.