Health, & Welfare Public Service

S. 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12011

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Barry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett — Inside Limits Yes X No ☐	c. CITY OR TOWN Monett 0051 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1011 E. Cale — Length of stay in 1b 58 yrs.	d. STREET ADDRESS (If outside, give location) 1011 E. Cale — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Ellen	Middle: Clifton	Last: Fink	4. DATE OF DEATH Month Day Year: Apr. 20, 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH: Feb. 23, 1870	9. AGE (In years last birthday): 87 yrs — IF UNDER 1 YEAR Months 1 Days 27 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Mound City, Kans.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: D. N. Alexander		14. MOTHER'S MAIDEN NAME: Ellen Clifton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Miss Carrie Fink, Monett, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6-12-50, to 4-20-57 and last saw her/him alive on 4-12-57

Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Kerr MD. 0	22b. ADDRESS: Monett Mo.	22c. DATE SIGNED: 5-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4/22/57	23c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery	23d. LOCATION (City, town, or county) (State): Monett, Mo.
24. FUNERAL DIRECTOR ADDRESS: J. D. Buchanan, Monett, Mo.	25. DATE RECD. BY LOCAL REG.: 4-21-57	26. REGISTRAR'S SIGNATURE: Mrs. P. N. Cook	

(Licensed Embalmer's Statement on Reverse Side)

5/3 0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 457-68

DATE REC. 4-22-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ J. D. Buchanan, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.