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 MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12690

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY FRANKLIN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON — Inside Limits Yes X No ☐	c. CITY OR TOWN UNION, — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. FRANCIS — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1019 N. OAK — Reside on Farm Yes ☐ No X

0361

3. NAME OF DECEASED (Type or print)	First: MARY	Middle: ALICE	Last: ROGERS	4. DATE OF DEATH Month: APRIL Day: 29, Year: 1957
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH: JAN. 28, 1880	9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 3, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY: AT HOME	11. BIRTHPLACE (City and state or country): REDBIRD, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: ROLAND KINKEAD		14. MOTHER'S MAIDEN NAME: NANCY ELLIS		
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: CHESTER ROGERS	Address: UNION, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

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

DUE TO (b) Arteriosclerosis — 10 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hypertension 15 years 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 Feb 1949, to 29 April 57 and last saw her alive on 29 April 57

Death occurred at 7:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm P Richardson, MD.	22b. ADDRESS: Union, Mo	22c. DATE SIGNED: 30 Apr 57
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: MAY, 2, 1957	23c. NAME OF CEMETERY OR CREMATORY: UNION CEMETERY
23d. LOCATION (City, town, or county): UNION,	(State): MO.	
24. FUNERAL DIRECTOR: OLTMANN FUNERAL HOME	ADDRESS: UNION, MO.	25. DATE RECD. BY LOCAL REG.: Apr. 30, 1957
26. REGISTRAR'S SIGNATURE: F. C. Hickmann		

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. A. Ottmann.....

Licensed Embalmer No. 168

P. O. Address Hanover, P

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