

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14048**

FILED APR 24 1957

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Morgan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give town) Versailles		c. LENGTH OF STAY (In this place) 5 MONTHS	c. CITY OR TOWN WARSAW		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Kidwell Rest Home			e. STREET ADDRESS (If rural, give location) 5090		
3. NAME OF DECEASED (Type or Print) a. (First) EVA	b. (Middle) MAE	c. (Last) SALLY	4. DATE OF DEATH (Month) (Day) (Year) Apr 16, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept 9, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Hickory Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME James Cooper		13b. MOTHER'S MAIDEN NAME Lucy Hart		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charley Sally Warsaw			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arrived fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 10 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 481X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 15, 1957 , to Apr 16, 1957 , that I last saw the deceased alive on April 15, 1957 , and that death occurred at 3:00 a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. L. Washburn M.D.		23b. ADDRESS Versailles Mo		23c. DATE SIGNED 4/18/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 18, 1957	24c. NAME OF CEMETERY OR CREMATORY New Home Cemetery	24d. LOCATION (City, town, or county) (State) Foster Hickory Co., Mo		
DATE REC'D BY LOCAL REG. 4/18/57	REGISTRAR'S SIGNATURE J. L. Washburn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John F. Reese Warsaw		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Gene L. Barton*.....
Licensed Embalmer No. *4021*.....
P. O. Address *VERSAILLES*.....

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.