

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022152
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 4418 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Plette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Mo. STATE Plette COUNTY 1	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cemden Point Green.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cemden Point 030
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) —
			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Kathrine Lewson Biscoe Pool			4. DATE OF DEATH June 26, 1957			
5. SEX Female			6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH June 17, 1870			9. AGE (In years last birthday) 87		IF UNDER 1 YEAR IF UNDER 24 HRS.	
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) 0	
13. FATHER'S NAME Williem E. Biscoe			14. MOTHER'S MAIDEN NAME Marthe Jeter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Hettie Biscoe Sudduth (Sister)	
					Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocardial Degeneration	
	DUE TO (c) 422-1	
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"/> 2

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 Month, Day, Year 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 5-31-57 to 5-31-57 and last saw her alive on 5-31-57 Death occurred at June 26-1957 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE EB Hobbs (Degree or title) MD		22b. ADDRESS Smithville Mo		22c. DATE SIGNED 6-29-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/28/57		23c. NAME OF CEMETERY OR CREMATORY Cemden Point	
				23d. LOCATION (City, town, or county) (State) Cemden Point Mo.	
24. FUNERAL DIRECTOR veughn & Aufrency Deerborn, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 6-27-1957		26. REGISTRAR'S SIGNATURE Alphia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

MEDICAL CERTIFICATION



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 *W. R. Vaughn*
Licensed Embalmer No. *40*

P. O. Address *West*

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.