

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1957

57.0 233.05
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Length of stay in 1b	d. STREET ADDRESS 323 south Lynn	
3. NAME OF DECEASED (Type or print) Ocia			First	Middle	Last
4. DATE OF DEATH (Type or print)			Month Day Year June 6 1957		
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days 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 Own home	11. BIRTHPLACE (City and state or country) Carrolton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Marple			14. MOTHER'S MAIDEN NAME Martha Gosnell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Alma Hester 529 S. Washington Nevada, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart Failure					INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arteriosclerotic Cardio Vascular disease					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Supracondylar Fracture of the distal left femur					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Patient fell on the street.				
20c. TIME OF INJURY 6:00 a.m. 5-10-1957					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION Nevada		COUNTY Vernon	STATE Missouri
21. I attended the deceased from May 10, 1957 to June 6, 1957 and last saw her her alive on June 6, 1957 Death occurred at 3:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) L. P. McCann, M. D.			22b. ADDRESS Moore Bldg.		22c. DATE SIGNED June 12, '57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 8, 1957	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Parl		23d. LOCATION (City, town, or county) (State) Nevada Missouri	
24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 6-18-1957	26. REGISTRAR'S SIGNATURE Anna S. Ferry		

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 1 1957

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 *L. Hughes*

Licensed Embalmer No. *42*

P. O. Address *Merado*

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.