

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24328

State File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: <input checked="" type="checkbox"/> before <input type="checkbox"/> after admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY OR TOWN Fayette	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 da.		e. STREET ADDRESS (If rural, give location) Leonard Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Edna	b. (Middle) Carl	c. (Last) Dwight	July 5, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 6, 1890	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR (Months) 7	11. IF UNDER 1 HRS. (Hours) 29	12. CITIZEN OF WHAT COUNTRY? USA
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 Foreign Country) Franklin Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Carl		13b. MOTHER'S MAIDEN NAME Martha S. Noltensmeyer		14. NAME OF HUSBAND OR WIFE Sereno Francis Dwight	
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'S SIGNATURE OR NAME S. F. Dwight ADDRESS Fayette, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		30 minutes	
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Diabetes m.		5 yrs	

19a. DATE OF OPERATION June 27		19b. MAJOR FINDINGS OF OPERATION Chr. peptic ulcer & obstruction		20. AUTOPSY? 2	
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) (Min)		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 July 1, 1957 to July 5, 1957, that I last saw the deceased alive on July 5, 1957, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) M. Reed, M.D.		23b. ADDRESS Fayette, Mo		23c. DATE SIGNED 7/8/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/7/57		24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	
				24d. LOCATION (City, town, or county) (State) Fayette, Missouri	

DATE REC'D BY LOCAL REG. 7/8/57		REGISTRAR'S SIGNATURE Mary L. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph D. Carr ADDRESS Fayette, Mo	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

06 WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 14 1958

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....
Licensed Embalmer No. *334*

P. O. Address *Jayette*.....

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.