

Health,  
Welfare  
Public  
Service

300  
1-56

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32695

STATE FILE NUMBER

FILED OCT 2 1957

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Princeton, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>1 year</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Belle</u> Last <u>Elmore</u>			4. DATE OF DEATH Month <u>9</u> Day <u>26</u> Year <u>57</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1871</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Marion Hamilton</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Jane McClure</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>195-38-4742</u>	17. INFORMANT Address <u>Mrs Raymond Miller Princeton, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 WKS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture of left hip. Intra capsular (a fall)</u>					<u>30 da.</u>	
DUE TO (c) <u>Cardiovascular-renal progressive probably</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>TOP 20 yrs</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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.) <u>FALL in home, Just standing still, and crumpled down following lunch.</u>					
20c. TIME OF INJURY Hour <u>1:30</u> a. m. <u>30</u> p. m. Month <u>July</u> , Day <u>Sunday</u> , Year <u>28th-1957</u>						
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.) <u>At home of daughter.</u>	20f. CITY, TOWN, OR LOCATION <u>Princeton,</u>	COUNTY <u>Mercer.</u>	STATE <u>Missouri</u>		
21. I attended the deceased from <u>Sept. 13</u> to <u>Sept. 26</u> and last saw <u>her</u> alive on <u>Sept. 26</u> Death occurred at <u>7</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Chas Deaton M.D.</u> (Degree or title)			22b. ADDRESS <u>Princeton Mo</u>		22c. DATE SIGNED <u>9/30/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-28-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>		23d. LOCATION (City, town, or county) <u>Mercer Co., Mo</u>		
24. FUNERAL DIRECTOR <u>Noel Moss Princeton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>	26. REGISTRAR'S SIGNATURE <u>Noel Moss</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Paul Moss*

Licensed Embalmer No. *26*

P. O. Address *Punata*

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.