. Health,
& Welfare
S. Public
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S. 300
v. 1-56

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36604
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 121 Crescent Bend — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Macon
c. CITY OR TOWN Macon 061 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 121 Cr. Bend — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Bessie Middle Last Fower
4. DATE OF DEATH Month Oct. Day 9 Year 1957
5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ 2
8. DATE OF BIRTH Dec. 23, 1892
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 no.
11. BIRTHPLACE (City and state or country) City Unknown Kansas 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Douthitt
14. MOTHER'S MAIDEN NAME Nela Brammer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. no.
17. INFORMANT Papers (Insurance) Address ETC.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — Yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at App. 8: P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester Hutton Coroner 3
22b. ADDRESS Macon Mo.
22c. DATE SIGNED Oct. 14, 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 12, 1957
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
23d. LOCATION (City, town, or county) (State) Macon Mo.

24. FUNERAL DIRECTOR Lester Hutton ADDRESS Macon, Mo.
25. DATE RECD. BY LOCAL REG. 10/15/57
26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8 5 0

County File No. 10.2111.0

Date Filed 10.23.57

OCT 30 1957

(16)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 457

P. O. Address Macon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.