

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43355
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 438

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Elmer Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		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 Lucinda Middle Minnie Last Freed			4. DATE OF DEATH Month December Day 17 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 24 1872
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 1 Days 23 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Henry Miller	
14. MOTHER'S MAIDEN NAME Rhoda Craig		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Harry S. Fletcher Elmer 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) Acute circulatory failure DUE TO (b) Coronary thrombosis with myocardial infarction DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 12/16/57 12/17/57
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension, Episodes of small strokes 19201			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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10/23/57 to 12/17/57 and last saw her ^{her} him alive on 12/17/57 Death occurred at 4:28 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wilson Leeks, D.O. (Degree or title)		22b. ADDRESS Kirkville Ost. Hosp. Kirkville Mo.	22c. DATE SIGNED 12/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 20 1957	23c. NAME OF CEMETERY OR CREMATORY Bell	23d. LOCATION (City, town, or county) (State) Macon County Mo
24. FUNERAL DIRECTOR W. H. Mrs. Collins ADDRESS South Gifford		25. DATE RECD. BY LOCAL REG. 12-22-1957	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

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. N. McCallum*

Licensed Embalmer No.....2052

P. O. Address South Gifford.

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.