

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43375

STATE FILE NUMBER

FILED DEC 24 1957

Registration District No. 1 Primary Registration District No. 5007 Registrar's No. 428

Health,
& Welfare
Public
Services

S. 300
P. 1-56

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

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALT RIVER TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN BRASHEAR 0010 Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi W. BRASHEAR Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2 Miles W. Brashear Reside on Farm <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EMMA Middle E. Last PAYNE			4. DATE OF DEATH Month Nov. Day 12 Year 1957
5. SEX FEMALE	6. COLOR OR RACE CAUCASION	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 7 - 1880
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEHOLD		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) GREENCASTLE, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JOHN OVERSTREET	
14. MOTHER'S MAIDEN NAME MARTHA BURCHET		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. C. Grace Hancock BRASHEAR 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hyper Tensive Heart Disease, Coronary Artery Disease			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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 9/16/57 to 11/12/57 and last saw her ^{her} _{him} alive on 11/10/57 Death occurred at 2:25 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. Bentzmann D.O.		22b. ADDRESS Kirksville Mo.	
22c. DATE SIGNED 11/12/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 14, 1957	
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE		23d. LOCATION (City, town, or county) (State) GREEN CITY MO	
24. FUNERAL DIRECTOR ADDRESS Kelley Rogers Brashear, Mo.		25. DATE RECD. BY LOCAL REG. 12-14-1957	
26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

(Licensed Embalmer's Statement on Reverse Side)

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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 *Richard B. Kelly*.....

Licensed Embalmer No. *4949*.....

P. O. Address *Elm. St.*.....

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.