

Health,
& Welfare
S. Public
th Service

S. 300
y. 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44211

STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 147 Primary Registration District No. 4234 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY IRON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN IRON TON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PIEDMONT 1110		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPT		Length of stay in lb 7DA.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARY CLEMENTINE ROE			4. DATE OF DEATH DEC 7 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 5, 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) LESTERVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME THOMAS FRANKLIN SCOTT			14. MOTHER'S MAIDEN NAME LETHA SUTHERLAND		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT Address RUTH CARMANAN ELLISMORE		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Lobae - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 331X					INTERVAL BETWEEN ONSET AND DEATH 26 Days 30 Days
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 PIEDMONT		COUNTY WAYNE
21. I attended the deceased from Dec 1-57 to Dec 7-57 and last saw her alive on Dec 5-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Mary P. Gay (Degree or Title)			22b. ADDRESS M. D. Norton Mo.		22c. DATE SIGNED Dec 10-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-9-57	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		23d. LOCATION (City, town, or county) PIEDMONT, MO.	
24. FUNERAL DIRECTOR ADDRESS Leish Funeral Home Piedmont Mo.		25. DATE RECD. BY LOCAL REG. Dec. 12, 1957	26. REGISTRAR'S SIGNATURE Mrs. Aris Jones		

(Licensed Embalmer's Statement on Reverse Side)

12

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 me, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Mary E. Bowler

Licensed Embalmer No. 44

P. O. Address Piedmont

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.