

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1958

58-004844
STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Platte</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>200 F Hosp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> c. CITY OR TOWN <u>Missouri Pky</u> d. STREET ADDRESS <u>None</u>		
3. NAME OF DECEASED (Type or print) First <u>TRACY</u> Middle <u>PREEL</u> Last <u>PREEL</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>31</u> Year <u>58</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Feb. 7 1876</u>	9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Missouri Pky Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Samuel D. Nowlin</u>			14. MOTHER'S MAIDEN NAME <u>Martha E. Planner</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>E. W. Nowlin - Webster Groves 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>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>
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.) <u>331X</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		
20e. CITY, TOWN, OR LOCATION _____			20f. COUNTY _____ STATE _____		
21. I attended the deceased from <u>1907</u> to <u>Jan 30, 1958</u> and last saw her alive on <u>Jan 30</u> Death occurred at <u>7:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Wm J. Goodson</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Liberty Mo</u>		22c. DATE SIGNED <u>1/31/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-2-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Missouri Pky</u>		23d. LOCATION (City, town, or county) (State) <u>Missouri Pky - Mo.</u>	
24. FUNERAL DIRECTOR <u>Church-Corcoran</u>		ADDRESS <u>Liberty Mo</u>	25. DATE RECORDED BY LOCAL REG. <u>2-7-58</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	

FEB 19 1958

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.....
John L. [Signature]

Licensed Embalmer No. 4-4

P. O. Address.....
[Signature]

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.