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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

FILED FEB 24 1958

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-006129

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 723 W. Mound St — Length of stay in 1b 14 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 723 W. Mound St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SARAH Middle Elva Last STEELE

4. DATE OF DEATH Month Feb Day 14 Year 1958

5. SEX female
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-19-1900
9. AGE (In years last birthday) 57
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 at home
11. BIRTHPLACE (City and state or country) Crane, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Allen A. Gipson
14. MOTHER'S MAIDEN NAME Frances J. Lane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address W.L. Steele, 723 W. Mound, Carthage, Mo

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) Acute bronchitis + bronchiolitis — INTERVAL BETWEEN ONSET AND DEATH 7 day
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)
Chronic pulmonary fibrosis & emphysema 500X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 12-22-55, to 2-14-58 and last saw her/him alive on 2-14-58
Death occurred at 4:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard R. Cable MD (Degree or title)
22b. ADDRESS Carthage, Mo
22c. DATE SIGNED 2/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Feb 18, 1958
23c. NAME OF CEMETERY OR CREMATORY Webb City, Cemetery
23d. LOCATION (City, town, or county) (State) Webb City, Mo.

24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo
25. DATE RECD. BY LOCAL REG. 2-15-58
26. REGISTRAR'S SIGNATURE Elf Clenton

(Licensed Embalmer's Statement on Reverse Side)

Super County Health Office
County File Number 58-2-180
Date Filed FEB 19 1958

MAR 19 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Robert H Knell

Licensed Embalmer No. 44

P. O. Address Carthage

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.