

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008724

STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 11 Primary Registration District No. 4027 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry													
b. CITY (If outside corporate limits, give TOWNSHIP only) Cassville			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cassville			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bun Valley Rest Home				Length of stay in 1b 6 Mo.		d. STREET ADDRESS (If outside, give location) Gen. Delv.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) ANNIE				First ANNIE		Middle		Last CLAY		4. DATE OF DEATH Month 3 Day 16 Year 58							
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 June 24, 1875		9. AGE (In years last birthday) 82		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 keeper				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Molt Co. Mo.			12. CITIZEN OF WHAT COUNTRY? USA								
13. FATHER'S NAME John W. Vanderpool						14. MOTHER'S MAIDEN NAME Matlida Hale											
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Dick Fogg Address Cassville, 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) Apoplexy										INTERVAL BETWEEN ONSET AND DEATH 8 days							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Essential Hypertension		10 years					
DUE TO (c)										334 X							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).										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 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 Cassville, Mo.		COUNTY Barry		STATE Mo.	
21. I attended the deceased from Sept 1-1942 to Mar. 16-1958 and last saw her alive on Mar. 16-1958 Death occurred at 5:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE E. E. McDaniel (Degree or title)						22b. ADDRESS Cassville, Mo.				22c. DATE SIGNED 3-18-58							
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried			23b. DATE 3-19-58		23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery			23d. LOCATION (City, town, or county) (State) Barry Co. Mo.									
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.					25. DATE RECD. BY LOCAL REG. Mar 18-1958		26. REGISTRAR'S SIGNATURE Grace Williams										

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard form. Coroner cannot certify to a death due to natural causes. 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

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 358-66

DATE REC. 5-24-58

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

Ray E. Williams

Licensed Embalmer No. 488

P. O. Address 662nd

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.