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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1958

58-009701
STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5526 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Hickory
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Preston — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hyway D — Length of stay in 1b 10 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Hickory
c. CITY OR TOWN Preston 0430 0 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Hyway D — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Lydia Middle Frances Last Rife
4. DATE OF DEATH Month Mar Day 17 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 16-1877
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 8 Days 1 — 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 Home
11. BIRTHPLACE (City and state or country) Schuylar Co. Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Rese Byrn
14. MOTHER'S MAIDEN NAME Alice Hocker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Vulas Rife—Preston, 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) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sinility
DUE TO (c) Found Dead in Bed 4201
INTERVAL BETWEEN ONSET AND DEATH
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 ☐ NO ☐ 0

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) May Johnson Local Registrar 8
22b. ADDRESS Hermitage Mo.
22c. DATE SIGNED 3-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b DATE Mar 17-1958
23c. NAME OF CEMETERY OR CREMATORY Hermitage Cemetery
23d. LOCATION (City, town, or county) (State) Hermitage Mo

24. FUNERAL DIRECTOR Gilbert Hathaway — ADDRESS Wheatland Mo
25. DATE RECD. BY LOCAL REG. 3-18-58
26. REGISTRAR'S SIGNATURE May Johnson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tested. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 426

P. O. Address .....

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.