

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009702
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 138 Primary Registration District No. 5524 Registrar's No. 3/3

Health, Welfare
Public
Service
0430
800
-56

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>TEXAS</u> b. COUNTY <u>8420</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jordan Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Borger</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 Miles NE Preston</u>			Length of stay in lb <u>8 Mo.</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>C</u> Last <u>Seward</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>29</u> Year <u>1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 14-1864</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown Lockett</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>U.E. Seward - Cross Timbers, MD</u>			Address
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>Cardio Vascular renal disease</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>senility</u>		DUE TO (c) <u></u>		442X		
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"/> <u>2</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.)					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>								
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		COUNTY		STATE
21. I attended the deceased from <u>Mar 1-58</u> , to <u>Mar 25-58</u> and last saw <u>her</u> alive on <u>Mar 25-58</u> . Death occurred at <u>1:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>C. O. Bailey MD</u>				22b. ADDRESS <u>Borger, Texas</u>			22c. DATE SIGNED <u>Mar 29</u>	
23a. BURIAL CREMATION (Specify) <u>Burial</u>		23b. DATE <u>Mar 31-1958</u>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>Colorado City, Texas</u>		
24. FUNERAL DIRECTOR <u>Shelby H. Hays</u>				ADDRESS <u>Wheatland, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>March 31, 1958</u>		26. REGISTRAR'S SIGNATURE <u>May Johnson</u>

Caution: Coroner, etc. must use only standard form provided by the State. No alterations or additions shall be made. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 17 1958

APR 10 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 *Chas. Gilbert McHanna*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland*

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.