

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010647
State File No.

FILED MAR 24 1958

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| BIRTH NO. _____ | | REG. DIST. NO. <u>187</u> | | PRIMARY REG. DIST. NO. <u>3040</u> | | Registrar's No. <u>99</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u> <u>0580</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CHILLICOTHE</u> | | c. LENGTH OF STAY (in this place) <u>7 YRS.</u> | | c. CITY OR TOWN <u>MEADVILLE</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITZPATRICK NURSING HOME</u> | | | | e. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>MARY</u> | | b. (Middle) <u>EVELYN</u> | | c. (Last) <u>STRICKLER</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 15 1958</u> | | 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | |
| 8. DATE OF BIRTH <u>4-29-62</u> | | 9. AGE (In years last birthday) <u>95</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Mins. _____ | |
| 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 _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MEADVILLE, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>CEPHAS NEWSOM</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY DAVIS</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILSON A.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS LLOYD THARP, MEADVILLE, MO</u> | | ADDRESS _____ | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Senility</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 days.</u> <u>2-3 yrs.</u> <u>10-15 yrs.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>2</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Apr 10</u> , 19 <u>55</u> , to <u>MAR. 15</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3-15-58</u> , 19 <u> </u> , and that death occurred at <u>12:00 P.M.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. W. Mackey D.O. 2</u> | | 23b. ADDRESS <u>Chelviath, Mesawi</u> | | 23c. DATE SIGNED <u>3/18/58</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-17-58</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEADVILLE, CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>MEADVILLE, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>3/18/58</u> | | REGISTRAR'S SIGNATURE <u>Francis B. Noid</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BROTHERS F. H. MEADVILLE, MO.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
W. P. Knight

Licensed Embalmer No. *4657*

P. O. Address *Headville, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.