

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010948

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <i>Petra</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cosper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pilot Grove</i>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>Bathwell Hosp.</i>		Length of stay in lb <i>4 days</i>	d. STREET ADDRESS (If outside, give location) <i>6 miles SW of Pilot Grove</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>DORA - FRANCES - C. H. PP</i>		4. DATE OF DEATH Month Day Year <i>March 17, 1958</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 14, 1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	9. AGE (In years and birthday) <i>72</i>
13a. FATHER'S NAME <i>William H. Mills</i>		13b. MOTHER'S MAIDEN NAME <i>Ellen Clark</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>4221</i>	14. NAME OF HUSBAND OR WIFE <i>Alva Culp</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>① Myocardial infarction</i> <i>② Acute congestive heart failure</i> <i>③ Diabetes mellitus</i> <i>④ Premature anemia</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <i>2</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <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.)	
21. I attended the deceased from <i>April 1956</i> to <i>March 1958</i> and last saw her alive on <i>17 March 1958</i> Death occurred at <i>11:35 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>P. V. Segal MD</i>		22b. ADDRESS <i>Smithton MO</i>	22c. DATE SIGNED <i>3/19/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
<i>Burial</i>	<i>March 20, 58</i>	<i>Pleasant Green Ave</i>	<i>Pilot Grove, MO.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Hays - Painter, Pilot Grove, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>3-20-1958</i>	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, coronar, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 1 1958

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 *Robert L. Painter* .....

Licensed Embalmer No. *4069* .....  
P. O. Address *Pilot Grove, Wis.* .....

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.