

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011097

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 292 Primary Registration District No. 6005 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ralls, MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls, MO</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Spencer Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Spencer Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>New London, Mo.</u>			Length of stay in lb <u>2Yrs</u>	d. STREET ADDRESS <u>R.F.D. New London, Mo.</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>E.</u> Last <u>MISNER.</u>				4. DATE OF DEATH Month <u>March</u> Day <u>12</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"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 10, 1875</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Taney Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Phillip Durbin</u>				14. MOTHER'S MAIDEN NAME <u>Amanda Painter.</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>George Misner.</u> Address <u>New London, Mo.</u>			
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>Cerebral Hemm.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331X</u>							INTERVAL BETWEEN ONSET AND DEATH
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. Month, Day, Year _____							
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 1957</u> to <u>Mar. 13 58</u> and last saw her alive on <u>Mar. 13, 1958</u> Death occurred at <u>11:00</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. P. Hansen</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Frankford, Mo.</u>		22c. DATE SIGNED <u>3-13-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OLIVET Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Center, Mo.</u>		
24. FUNERAL DIRECTOR <u>Clyde Weisner</u> ADDRESS <u>Perry, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-13-58</u>		26. REGISTRAR'S SIGNATURE <u>Clyde Weisner</u>		

