

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-013050
STATE FILE NUMBERRegistration District No. 1 Primary Registration District No. 3000 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY KNOX <u>0520</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		c. CITY OR TOWN HURDLAND, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.		Length of stay in lb 9 mo. APPROX.	
d. STREET ADDRESS 4 mi. S. W. HURDLAND		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LUCY ^{First} MARGARET ^{Middle} GONNERMAN ^{Last}		4. DATE OF DEATH APR. 18, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 14, 1872
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) KNOX, CO. O
13. FATHER'S NAME CHRISTOPHER McGLATHLIN		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME JULIA MUSGROVE		17. INFORMANT K.O.H. HOSPITAL Address KIRKSVILLE, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) infection in anition & dehydration			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) DUE TO (b) Repernted Cerebral Thrombosis			9 month
stating the underlying cause last. DUE TO (c) Cerebral Arteriosclerosis			
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"/>
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.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>7-22-57</u> to <u>4-18-58</u> and last saw ^{her} _{him} alive on _____ Death occurred at <u>9:32 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David W. Brown, M.D.		22b. ADDRESS Kirksville, Mo	
22c. DATE SIGNED 4-22-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Loof	23d. LOCATION (City, town, or county) (State) HURDLAND Mo
24. FUNERAL DIRECTOR Kelley Rogers Braden, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-22-1958	26. REGISTRAR'S SIGNATURE David W. Rathoff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner must be causally related. All diseases in Part I must be causally related. Coroner must use only standard terminology in item 18. No symptoms will be listed. All

300
1-56Health,
Welfare
Public
Service

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 *Richard B. Kelly*.....

Licensed Embalmer No. *744*.....

P. O. Address *Slip*.....

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.