

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013443
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 83

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Callaway		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Mo		c. CITY OR TOWN Big Spring Mo		d. STREET ADDRESS (If outside, give location)		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First Deborah		Middle Caroline		Last Nofdergerke		Month 4 Day 16 Year 1958		
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH May-28-1973	9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR (If under 24 hrs.) Months 10 Days 18 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Big Spring Mo		12. CITIZEN OF WHAT COUNTRY? U S		
13. FATHER'S NAME Benjamin F Sneath				14. MOTHER'S MAIDEN NAME Caroline Carrell				
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. None		17. INFORMANT Address Mr J C Nofdergerke New Florence, Mo				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sanility Malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malnutrition DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 2865						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 Month, Day, Year a. m. p. m. 								
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 Jan 28 58 to Apr 16 1958 and last saw ^{her} him alive on Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) F. Mickevicius, M.D.				22b. ADDRESS State Hosp #1, Fulton, Mo		22c. DATE SIGNED 4-16-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April-18-1958		23c. NAME OF CEMETERY OR CREMATORY Liberty Baptist Cemetery		23d. LOCATION (City, town, or county) (State) Big Spring Mo		
24. FUNERAL DIRECTOR ADDRESS Baker Funeral Home Americus, Mo				25. DATE RECD. BY LOCAL REG. April-18-1958		26. REGISTRAR'S SIGNATURE Maretha Lawrence		

VS
MAY 20 1959

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..... *D. B. Baker*

Licensed Embalmer No....337

P. O. Address....Americus,...

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.