

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015057
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 28

health, Welfare public service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY MONROE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS Mo-Jackson Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN DUNCANS BRIDGE MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME Length of stay in 1b 5 DAYS | | d. STREET ADDRESS (If outside, give location) R R C CLARENCE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last DAISY FRANCES SMOGGPASS | | | 4. DATE OF DEATH Month Day Year MAY 6 1958 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH AUG 4, 1978 |
| 9. AGE (In years last birthday) 79 | | 10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE | 11. BIRTHPLACE (City and state or country) MO MONROE COUNTY |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13. FATHER'S NAME JACOB TISUE | | 14. MOTHER'S MAIDEN NAME MALINDA CLARK | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT BILL TISUE DUNCANS BRIDGE MO | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 331X |
| 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 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 May 6 to 8 and last saw her alive on May 6-1958 Death occurred at May 6-1958 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) M. J. [Signature] | | 22b. ADDRESS [Address] | |
| | | 22c. DATE SIGNED 5-6-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 5-9-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY PHILLIPS CEMETERY | | 23d. LOCATION (City, town, or county) (State) MONROE COUNTY MO | |
| 24. FUNERAL DIRECTOR Chas. V. Greenly | | 25. DATE RECD. BY LOCAL REG. 5-9-58 | |
| ADDRESS Clarence Mo | | 26. REGISTRAR'S SIGNATURE J. A. Barnard M. D. | |

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 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 *Charles J. Green*

Licensed Embalmer No. *462*

P. O. Address *Ch...*

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.