Health, Welfare Public Service

0840

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015297
STATE FILE NUMBER

FILED MAY 6 1958 Registration District No. 282 Primary Registration District No. 5982 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brighton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Died in the Home — Length of stay in 1b 10 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk 0840
c. CITY OR TOWN Brighton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Saleta ~~Slater~~ Middle: Bayless Last: Frady
4. DATE OF DEATH Month Day Year: April 24, 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Aug. 25, 1870
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: J P Cloyde
14. MOTHER'S MAIDEN NAME: Mary E. Bayless
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT Address: Hobert Frady, Brighton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic arteriosclerotic myocarditis
DUE TO (c) 4221
INTERVAL BETWEEN ONSET AND DEATH
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 ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 58, to April 24 and last saw her/him alive on April 18 58
Death occurred at 5:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D C McCraw MD
22b. ADDRESS: Bolivar Mo
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 27, 58
23c. NAME OF CEMETERY OR CREMATORY: Brighton
23d. LOCATION (City, town, or county) (State): Polk Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Pitts funeral Home - Bolivar, Mo
25. DATE RECD. BY LOCAL REG.: April 30, 1958
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

2.50

(Licensed Embalmer's Statement on Reverse Side)

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 Sidney J. Pitts

Licensed Embalmer No. 49

P. O. Address Bolivar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.