

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015331  
STATE FILE NUMBER

FILED MAY 12 1958

292

Registration District No. \_\_\_\_\_ Primary Registration District No. 4435 Registrar's No. \_\_\_\_\_

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 <b>Ralls,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perry, Missouri.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Perry, Missouri.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry, Mo.</b> Length of stay in 1b <b>60Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Perry, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>IVY WATERSTON</b> First Middle Last			4. DATE OF DEATH <b>April 22, 1958</b> Month Day Year
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 11, 1869</b>
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Bank</b>	11. BIRTHPLACE (City and state or country) <b>SHREVEPORT Ralls Co, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Henry Spratswell</b>	
14. MOTHER'S MAIDEN NAME <b>Mary Moore</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <b>Margaret White Perry, Mo.</b> 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) <b>Chronic Myocarditis</b> DUE TO (b) <b>myocardial degeneration</b> DUE TO (c) <b>4222</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1-21</b>
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 <b>April 1-57 to April 22 58</b> and last saw her <b>alive on April 22</b> Death occurred at <b>10:00 A.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ernest T. Swen D.O.</b>		22b. ADDRESS <b>Perry, Missouri.</b>	
22c. DATE SIGNED <b>4-24-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>4-24-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Perry, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Clyde C. Wisney Perry, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-24-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Clyde C. Wisney</b>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 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.. *Clyde M. ...*

Licensed Embalmer No. 382

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

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.

STATE-10-1