

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017156

STATE FILE NUMBER

FILED APR 24 1958

Registration District No. 372

Primary Registration District No. 4343

Registrar's No. 9

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.

11201
300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SEYMOUR		1120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First MTTA Middle V. Last YOUNG			4. DATE OF DEATH 4 - 18 - 58			Month		Day		Year	
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 MARCH 7 - 1881		9. AGE (In years last birthday) 77		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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME UNKNOWN					14. MOTHER'S MAIDEN NAME UNKNOWN						
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 J. E. RAMSEY SPRINGFIELD, MO.						
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis (Increased Intracranial Pressure) Serebral Thrombosis Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Serebral Thrombosis DUE TO (c) Arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH 1 YR ?	
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. Month, Day, Year											
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 SEYMOUR		COUNTY WEBSTER		STATE MO.		
21. I attended the deceased from MAY 10 - 56 to 4/16/58 and last saw her alive on 4/16/58 Death occurred at 7:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE J. R. Gile (Degree or title)					22b. ADDRESS A. O. 2 Seymour				22c. DATE SIGNED 4/16/58		
23a. BY WHOM, CREMATION, REMOVAL (Specify)		23b. DATE 4-22-58	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR CEMETERY			23d. LOCATION (City, town, or county) WEBSTER CO., MO.			(State)		
24. FUNERAL DIRECTOR Robert Bergman Seymour, Mo					25. DATE RECD. BY LOCAL REG. 4-22-1958		26. REGISTRAR'S SIGNATURE Gilbert Jones				

(Licensed Embalmer's Statement on Reverse Side)

3430

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 *Max L. Miller*.....

Licensed Embalmer No. *472*

P. O. Address *Mansfield*

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.