

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019093

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 236 Primary Registration District No. 4351 Registrar's No. 36

300
1-57

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MORGAN	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN BARNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BARNETT 0710
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNETT		Length of stay in lb Lifetime	d. STREET ADDRESS (If outside, give location) BARNETT
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First SUSAN-	Middle ALMIRA-	Last ROE	4. DATE OF DEATH	Month MAY	Day 20	Year 1958
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5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 Sept-1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wite	10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (City and state or country) MORGAN-Co-Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elisha-Hicks	13b. MOTHER'S MAIDEN NAME MARY CRANE	14. NAME OF HUSBAND OR WIFE ARTHUR-ROE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. NONE	17. INFORMANT LENA-VALLCE Address St-Louis-Mo
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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 THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 2 mos. 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Advanced arteriosclerosis	
	DUE TO (c) 332X	
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.) NONE
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20c. TIME OF INJURY Hour NONE Month, Day, Year

20d. INJURY OCCURRED WHILE AT <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.) NONE	20f. CITY, TOWN, OR LOCATION NONE	COUNTY NONE	STATE NONE
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21. I attended the deceased from **May 18 1958** to **May 20 1958** and last saw her alive on **May 18 1958**
Death occurred at **9:10 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack Gunn (Degree or title) M.D.	22b. ADDRESS VERSAILLES-MO	22c. DATE SIGNED 21 MAY-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 22 MAY-58	23c. NAME OF CEMETERY OR CREMATORY Big-Rock	23d. LOCATION (City, town, or county) (State) MORGAN-Co-MO
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24. FUNERAL DIRECTOR Keth McFay ADDRESS ELDON-MO	25. DATE RECD. BY LOCAL REG. 5/21/58	26. REGISTRAR'S SIGNATURE J L Stahl
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

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 *Keith M. Kaye*

Licensed Embalmer No. *3998*

P. O. Address *Eldon Mo.*

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.