

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019291

STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 290 Primary Registration District No. 4428 Registrar's No. 81

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richland, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.			Length of stay in lb 7 mos.	d. STREET ADDRESS None. (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Barbara Ann Cloninger.				4. DATE OF DEATH Month Day Year May 20, 1958			
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 22, 1941		9. AGE (In years at birthday) 16	F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Washington, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Oliver Cloninger			13b. MOTHER'S MAIDEN NAME Stella Olean Votaw.			14. NAME OF HUSBAND OR WIFE None.	
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 Address George O. Cloninger Richland, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia						INTERVAL BETWEEN ONSET AND DEATH 20 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Convulsion						1 hour	
DUE TO (c) Hypertension & cerebral irritation						?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) mental depression, measles						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 5-19-58 to 5-19-58 and last saw her/him alive on 5-19-58 Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>L. Myers</i> (Degree or title) D.O. 2				22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 5/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/22/58	23c. NAME OF CEMETERY OR CREMATORY Walbert Cemetery		23d. LOCATION (City, town, or county) (State) Labadie, Missouri		
24. FUNERAL DIRECTOR <i>Hedges</i> Hedges Funeral Home Richland, Mo				25. DATE RECD. BY LOCAL REG. 5-21-58		26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

4580

8961 JUN 4 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 *Clarence Inoss*

Licensed Embalmer No. 4896
P. O. Address Waynesville, 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.