

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022361

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 164

Primary Registration District No. 3035598

Registrar's No. 89

300  
1-57

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centerview Township		c. CITY OR TOWN RFD 2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Centerview Mo 81 yrs.		STREET ADDRESS (If outside, give location) Centerview Mo	
3. NAME OF DECEASED (Type or print) MARY JENNIE		4. DATE OF DEATH June 30 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 Feb 28-1877
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Holden Mo
13a. FATHER'S NAME Wm C. King		13b. MOTHER'S MAIDEN NAME AMY L E	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 Adm Tice Bradshaw Centerview
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 Coronary Thrombosis DUE TO (b) Cerebral Vascular Accident DUE TO (c) 4801			INTERVAL BETWEEN ONSET AND DEATH 10 minutes 9 years
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		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 Death occurred at June 10, 1957, to June 30, 1958 and last saw her alive on June 29, 1958 6:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. W. Jones (Degree or title) D. O.		22b. ADDRESS 2 Holden Mo	
22c. DATE SIGNED 6/30/58		22d. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Holden Cemetery	
23c. DATE July 1/1958		23d. LOCATION (City, town, or county) Holden Mo	
24. FUNERAL DIRECTOR Canaday & Papp		25. DATE RECD. BY LOCAL REG. July 7, 1958	
ADDRESS Holden		26. REGISTRAR'S SIGNATURE Savannah Crutchfield	

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. All diseases in Part I must be causally related.

SEP 17 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 *Samuel B. Pop*

Licensed Embalmer No. *4044*  
P. O. Address *Helden*

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.