

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022455
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 178 Primary Registration District No. 4285 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN LEWISTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXX XXXXXX			Length of stay in 1b XXXX		d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXXXX		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last BERTHA ELLEN WHITE				4. DATE OF DEATH Month Day Year JULY 9, 1958					
5. SEX FEMALE	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 2/11/1882		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX		11. BIRTHPLACE (City and state or country) LEWISTOWN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME RICE NEWTON CHEATUM				14. MOTHER'S MAIDEN NAME ELIZABETH SCHENCK					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT LLOYD FOLEY OVERLAND, MO.		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) Cerebral hemorrhage with rt. hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) 331X								INTERVAL BETWEEN ONSET AND DEATH 11 days 20 yrs.	
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"/> 2	
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 June 30 th 1958 to July 9 th 1958 and last saw her alive on July 3 rd 1958 Death occurred at 11:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Francis Tandyler M.D.				22b. ADDRESS Eolina, Missouri				22c. DATE SIGNED Jul. 11 th 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/11/58	23c. NAME OF CEMETERY OR CREMATORY LEWISTOWN			23d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI			
24. FUNERAL DIRECTOR Charles L. Arnold Lewistown, Mo.				25. DATE RECD. BY LOCAL REG. 7-12-'58		26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.			

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

AUG 18 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.....
Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address Lewistown, ..

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.