

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028522
STATE FILE NUMBER

8
FILED SEP 4 1958 Registration District No. 60 Primary Registration District No. 5235 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN So Benton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN JERICHO SPRING
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 40 yr	d. STREET ADDRESS (If outside, give location) 4 St. West
3. NAME OF DECEASED (Type or print) STELLA - MAE - FREDERIE		First Middle Last	DATE OF DEATH 8-22-1958
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 10-18-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	9. AGE (In years last birthday) 72
13. FATHER'S NAME WILLIAM - HICKMAN		11. BIRTHPLACE (City and state or country) Stockton, Mo	
14. MOTHER'S MAIDEN NAME ELLA - SMITH		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Claude Fresh, Jericho Springs	
16. SOCIAL SECURITY NO.		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) Suffocation by smoke in house			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			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 020
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M.D. Corones		(Degree or title) 3	22b. ADDRESS 3020 S.W. Jericho Springs
22c. DATE SIGNED 8-22-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-27-1958	23c. NAME OF CEMETERY OR CREMATORY Greenfield, Cem	23d. LOCATION (City, town, or county) (State) 3 1/2 S.W. Jericho Springs
24. FUNERAL DIRECTOR Dr. P. Long, Jericho Springs		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-2-1958
		26. REGISTRAR'S SIGNATURE Norma Timmerman	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M.D. Corones

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.....
Licensed Embalmer No...37...
P. O. Address.....

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.