

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031582
STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 1 Primary Registration District No. 300 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Powersville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kirks Osteo. Hosp.</u>			Length of stay in 1b <u>7 days</u>	d. STREET ADDRESS (If outside, give location) <u>Rural Rt. 1.</u>			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>Belle</u> Last <u>CARTER</u>				4. DATE OF DEATH <u>Oct. 2 1958</u>		Month Day Year	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 18, 1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and state or country) <u>Putnam Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas R. Livick</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Schoolman</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>491-42-4700</u>		17. INFORMANT Address <u>H. C. Carter, Rt. 1, Powersville, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis.</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>3 men</u> <u>Months</u>
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.)					
20c. TIME OF INJURY Hour _____ 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 <u>9/26/58</u> to <u>10/2/58</u> and last saw <u>her</u> alive on <u>10/2/58</u> Death occurred at <u>10:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James P. Keller, D.O. 2</u>				22b. ADDRESS <u>7th St., Powersville, Mo.</u>		22c. DATE SIGNED <u>10/3/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>10-5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wilder Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>		
24. GENERAL DIRECTOR ADDRESS <u>Greenlee Funeral Home, Lenoirville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct. 3, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Bateff</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Robert B. Hanes*

Licensed Embalmer No. *42*

P. O. Address *Kirksville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.