

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035154
STATE FILE NUMBER

FILED OCT 6 1958		Registration District No. 324		Primary Registration District No. 30720		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESIDENCE Fitzgibbon Hosp.		Length of stay in 1b 10 days		d. STREET ADDRESS 475 S. Redman		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edna Middle Mae Last Mead				4. DATE OF DEATH Month Sept. Day 29 Year 58			
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Nov. 12, 1894	
9. AGE (In years last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurses Aid		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and state or country) Marshall, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Monroe Mead		14. MOTHER'S MAIDEN NAME Alice Freeland			
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. 721-05-5850		17. INFORMANT Miss. Mattie Mead, Marshall, Missouri		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) Terminal Malignancy of the intestinal tract with extensive metastasis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 1539							INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
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 9/1/58 to 9/29/58 and last saw her alive on 9/29/58 Death occurred at 1:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Waite H. Madison M.D. (Degree or title)				22b. ADDRESS 454 W. Marion St. Marshall, Missouri		22c. DATE SIGNED 9/30/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/2/58		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri	
24. FUNERAL DIRECTOR Georgette Green		ADDRESS		25. DATE RECD. BY LOCAL REG. 10-1-58		26. REGISTRAR'S SIGNATURE Cecil J. Read	

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Licensed Embalmer No. 42

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.