Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035352
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 4 Primary Registration District No. 4016 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ** — Length of stay in 1b life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Tarkio — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 0030 (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle FRANCIS Last HAGUE
4. DATE OF DEATH Month October Day 16 Year 1958
5. SEX female
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH October 31, 1902
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months - Days 15 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Tarkio, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME John Gish
13b. MOTHER'S MAIDEN NAME Ida McNeal
14. NAME OF HUSBAND OR WIFE Charles Hague
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Babe Gish Address Tarkio, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 203 X
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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 March 26, 1958, to Oct. 14, 1958 and last saw her alive on Oct. 14, 1958
Death occurred at October 16/58 9:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward G. Bass (Degree or title) M.D
22b. ADDRESS Tarkio, Mo.
22c. DATE SIGNED 10/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 10/20/58
23c. NAME OF CEMETERY OR CREMATORY Home Cemetery
23d. LOCATION (City, town, or county) Tarkio, Mo. (State)

24. FUNERAL DIRECTOR Davis Funeral Home ADDRESS Tarkio, Mo.
25. DATE RECD. BY LOCAL REG. Oct 22, 1958
26. REGISTRAR'S SIGNATURE Marvin D. Schulte

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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NOV 21 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 John M. Davis

Licensed Embalmer No. 23913

P. O. Address Tarkio, Mo.

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.