

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037373

STATE FILE NUMBER

FILED OCT 29 1958

Registration District No.

278

Primary Registration District No.

3054

Registrar's No.

151

S. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		c. CITY OR TOWN LOUISIANA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL		d. STREET ADDRESS (If outside, give location) 082/0 321 NEBRASKA ST.	
3. NAME OF DECEASED (Type or print) First KATHERINE Middle BROWNING Last		4. DATE OF DEATH Month OCT. Day 17, Year 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 AUG. 26, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) PEARL, ILLINOIS
13a. FATHER'S NAME JOHN SHADD		13b. MOTHER'S MAIDEN NAME ELLA STANLEY	14. NAME OF HUSBAND OR WIFE GEORGE
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. 490 05 3750B	17. INFORMANT Address Louisiana Margaret Williamson, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left side heart failure Arteriosclerotic hypertensive cardio-vascular disease DUE TO (b) Auricular fibrillation. also DUE TO (c) Cardiac hypertrophy. Pyleonephritis.			INTERVAL BETWEEN ONSET AND DEATH 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X			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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 1953 , to 10/17/58 and last saw her alive on 10/17/58 Death occurred at 12:47 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. H. Revell</i> (Degree or title) M.D.		22b. ADDRESS LOUISIANA, MISSOURI	
22c. DATE SIGNED 10-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/20/58	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY	23d. LOCATION (City, town, or county) (State) LOUISIANA, MISSOURI
24. FUNERAL DIRECTOR <i>George D. Hagner</i>		25. DATE RECD. BY LOCAL REG. Oct 21 - 1958	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

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 *George O. Hagner*

Licensed Embalmer No. 3773

P. O. Address LOUISIANA, 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.