

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038717

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Frankford 820 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home		Length of stay in 1b	d. STREET ADDRESS R. Rt. #2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) MOLLIE ^{First} V. ^{Middle} BRIMER ^{Last}			4. DATE OF DEATH Month Nov Day 7 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 2, 1869	9. AGE (In years, last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY domestic	11. BIRTHPLACE (City and state or country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME James A. McMillian	14. MOTHER'S MAIDEN NAME Unknown
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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. _____	17. INFORMANT Hospital records Address _____
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia et debilitation INTERVAL BETWEEN ONSET AND DEATH weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Encephalomalacia months
	DUE TO (c) Cerebral Arteriosclerosis unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
Intra-tracheal fracture of Right Femur 332 XF

20a. ACCIDENT <input checked="" 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.) Patient had been sitting in chair and as she arose to get up she fell to the floor
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20c. TIME OF INJURY 6:50 a.m. 8-20-58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Community Nursing Home	20e. CITY, TOWN, OR LOCATION Kirksville COUNTY Adair STATE Mo.
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21. I attended the deceased from 11-27-57 to 11-7-58 and last saw her alive on 11-7-58 Death occurred at 9:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) George H. Scheuer, D.O.	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 11-8-58
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23a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial	23b. DATE 11-9-1958	23c. NAME OF CEMETERY OR CREMATORY Unsell Cemetery	23d. LOCATION (City, town, or county) (State) Pike Co. Missouri
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24. FUNERAL DIRECTOR Megown Funeral Home, Frankford, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-10-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

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 Cause cannot be certified to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Cause in Part I must be causally related.

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 Davis*.....

Licensed Embalmer No. *4*.....

P. O. Address *Kirkwood*.....

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.