

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040803  
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 56

5. 300 I  
1-57

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Madison</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Madison</b> <b>0690</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Madison, Mo.</b>		Length of stay in lb <b>14 yrs</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>NORA</b> Middle <b>BELL</b> Last <b>GAINES</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>19,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 1, 1878</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9c. AGE (In years last birthday) <b>79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	10c. IF UNDER 1 YEAR Months Days <b>79</b>
11. BIRTHPLACE (City and state or country) <b>Shelby Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13a. FATHER'S NAME <b>James Hancock</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Bell Carey</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Ettie Katherine Hartgrove Madison, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Nov. 14 1958</b> to <b>Nov. 19-58</b> and last saw her alive on <b>Nov. 18, 1958</b> Death occurred at <b>3:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C.F. Stauffer D.O.</b>		22b. ADDRESS <b>Box 86 Madison Mo</b>	22c. DATE SIGNED <b>Nov. 19-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-20-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Madison, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>J.R. Mackler Madison, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 21-1958</b>	26. REGISTRAR'S SIGNATURE <b>E. L. Robertson</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Joseph P. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, Wis.

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.