

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043054

STATE FILE NUMBER  
217

FILED DEC 2 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Nevada, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>		Length of stay in lb <b>3 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>815 N-Lynn Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Ada Louetta Compton</b>			4. DATE OF DEATH Month Day Year <b>11 - 21 - 1958</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 16, 1891</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days <b>3 5</b>	IF UNDER 24 HRS. Hours Min. <b>0 0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Bloomington, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Allen Pierson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bobbitt</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Compton</b>	
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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) <b>no none</b>		16. SOCIAL SECURITY NO. <b>497-34-6457</b>	17. INFORMANT Addr: <b>815 N-Lynn St. Frank Compton, Nevada, Missouri</b>	
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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) <b>Coronary infarct.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary thrombosis.</b>			same
	DUE TO (c) <b>Complete heart block.</b>			
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"/>	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>		
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
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21. I attended the deceased from **November 16, 1958** to **Nov. 21, 1958** and last saw her <sup>her</sup> ~~him~~ alive on **Nov. 21, 1958**  
Death occurred at **Nevada, Mo.** **9:45 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L.P. McCann</i> <b>L. P. McCann, M.D.</b>		22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>		22c. DATE SIGNED <b>11/24/1958</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-24-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Berea Cemetery</b>		23d. LOCATION (City, town, or county) - (State) <b>Near Walker, Missouri</b>
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24. FUNERAL DIRECTOR <b>Hays Funeral Service, Inc.</b>		ADDRESS <b>Nevada, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>11-25-58</b>	26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Section, coroner, etc. must use only standard, nonfluorescent in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 18 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 *Richard L. Lippin*

Licensed Embalmer No. *5053*  
P. O. Address *H. L. Lippin*

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.