

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043874

STATE FILE NUMBER

8
FILED DEC 29 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 978

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Clinton |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General | | Length of stay in lb 7 days | d. STREET ADDRESS (If outside, give location) RR # 1 |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Ona Middle Bell Last Southers | | | 4. DATE OF DEATH Month 12 Day 24 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 7-24-1879 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 0 Days 420 | IF UNDER 24 HRS. Hour 0 Min. 0 |
|-------------------------|----------------------------------|---|--------------------------------------|--|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Johnson Co Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William H Snyder | 13b. MOTHER'S MAIDEN NAME Malinda J Williams | 14. NAME OF HUSBAND OR WIFE William R Southers |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Albert Southers | Address Clinton Mo |
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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) Acute myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (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) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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|---|---|--|--|------------------------|--------------------|
| 20c. TIME OF INJURY Hour 7:15 Month, Day, Year a.m. 11 p.m. 11 | 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 Clinton | COUNTY Henry | STATE Mo |
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| 21. I attended the deceased from Nov. 1958 to 24 Dec. 1958 and last saw her alive on 24 Dec. 1958 Death occurred at 7:15 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) Hugh B. Walker, MD | 22b. ADDRESS Clinton, Mo | 22c. DATE SIGNED 27 Dec. 1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-26-1958 | 23c. NAME OF CEMETERY OR CREMATORY Carrsville Com | 23d. LOCATION (City, town, or county) (State) Clinton Henry Mo |
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| 24. FUNERAL DIRECTOR Sickman Dunning | ADDRESS Clinton Mo | 25. DATE RECD. BY LOCAL REG. 12-27-58 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases 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 *R.P. Dunning*

Licensed Embalmer No. *4510*
P. O. Address *Clinton*

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.