

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000005
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirkville TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Year <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkville 013 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Comm. Home # 2		Length of stay in 1b 4 yrs	
d. STREET ADDRESS 905 S. Osteopathy		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARGARET Middle JANE Last CASON			4. DATE OF DEATH Month Jan Day 2 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> XXXXXXXXXX	8. DATE OF BIRTH Dec. 22 1880
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 13	IF UNDER 24 HRS. Hours 0 Min. 0
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) Montgomery Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U S		13. FATHER'S NAME Cornelius Noell	
14. MOTHER'S MAIDEN NAME Elvira Sneathen		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Non	
16. SOCIAL SECURITY NO. No		17. INFORMANT Address Mrs Maxine Babcock, 905 S. Osteopathy, Kirkville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure Medullary Failure DUE TO (b) Toxemia Toxemia DUE TO (c) Cardiovascular Accident (Thrombosis) Cardiovascular Accident (Thrombosis) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 8-8 hrs. 1-1 1/2 weeks 1-1 1/2 weeks 2-3 weeks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	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 5:15 Month 12 Day 29 Year 59			
20d. INJURY OCCURRED WHILE AT WORK <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 Kirkville, Mo.		COUNTY Adair STATE Mo.	
21. I attended the deceased from 12-29-58 to 1-2-59 and last saw her alive on 1-2-59 Death occurred at 5:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Calvin H. Van O' Linda, D.O.		22b. ADDRESS 800 W. Jefferson, Kirkville, Mo.	
22c. DATE SIGNED 1/4/59		22d. ADDRESS 800 W. Jefferson, Kirkville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 5 1959	
23c. NAME OF CEMETERY Green City		23d. LOCATION (City, town, or county) (State) Green City, (Sullivan,) Mo.	
24. FUNERAL DIRECTOR Novak & Lacter ADDRESS Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. 1-5-1959	
26. REGISTRAR'S SIGNATURE Dorcas W. Ratliff			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 CALVIN H. VAN O' LINDA, D.O.
 MEDICAL CERTIFICATION
 diseases in Part 1 must be causally related. Coroner's certificate to be completed only if death is due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Nova E. Foster
Nova E. Foster
Licensed Embalmer No...47

P. O. Address Kirksville,

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.