Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000118
STATE FILE NUMBER

FILED JAN 29 1959

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY: Barry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cassville — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Cassville 0050 — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 500 Gravel St. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): McDowell Twp — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: WILL	Middle: EDWARD	Last: ENGLAND	4. DATE OF DEATH (Month Day Year): January 11, 1959
5. SEX: male 0	6. COLOR OR RACE: white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: April 9, 1903	9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County Assessor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Stone County, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: John England	13b. MOTHER'S MAIDEN NAME: Maggie Reno	14. NAME OF HUSBAND OR WIFE: Edith Orem		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 511-05-0035	17. INFORMANT Address: Mrs. Edith England-Cassville, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Embolus	1 hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Heart Disease	6 Mo.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 22-1955, to Jan. 11-1959 and last saw ~~her~~ him alive on Jan. 11-1959

Death occurred at 3 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E E McDaniel (Degree or title): A.B. D.O. 2	22b. ADDRESS: Cassville, Mo.	22c. DATE SIGNED: 1-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-14-1959	23c. NAME OF CEMETERY OR CREMATORY: Purdy Cemetery	23d. LOCATION (City, town, or county) (State): Purdy, Missouri
24. FUNERAL DIRECTOR: Culver's — ADDRESS: Cassville, Missouri	25. DATE RECD. BY LOCAL REG.: 1-19-1959	26. REGISTRAR'S SIGNATURE: Grace Williams	

(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.

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0

Daniel
a

DATE REC. 1-24-59

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, N

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.