

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002485  
STATE FILE NUMBER

FILED FEB 13 1959 Registration District No. 291 Primary Registration District No. 5995 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Sherman Tmp/		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural-Sherman Tmp. 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Powersville		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) Powersville
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Melissa Torrey			4. DATE OF DEATH Month Day Year Jan. 31 1959		
--	--	--	--	--	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3, 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours Min.
-------------	-----------------------	---	----------------------------------	---------------------------------------	-------------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Putnam Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	---	--------------------------------------

13a. FATHER'S NAME John Young	13b. MOTHER'S MAIDEN NAME Rachel Fry	14. NAME OF HUSBAND OR WIFE H. Torrey-Powersville
----------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT John Torrey-Powersville, Mo.	Address
---	---------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Regenerative Myocarditis</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Serulipij</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221		

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 Month, Day, Year p.m.	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	COUNTY	STATE
--	---	--	------------------------------	--------	-------

21. I attended the deceased from Death occurred at <i>7:35 PM</i>	from <i>Mar. 1933</i> to <i>Jan 31, 1959</i> and last saw her alive on <i>1-21-59</i> in on the date stated above; and to the best of my knowledge, from the causes stated.
--	--

22a. SIGNATURE <i>L.W. McA... 2</i>	(Degree or title)	22b. ADDRESS <i>Unionville, Mo.</i>	22c. DATE SIGNED <i>2-2-59</i>
--	-------------------	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE Feb. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Torrey Cemetery	23d. LOCATION (City, town, or county) Powersville, Mo.	(State)
--	---------------------------	---	---	---------

24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>2-7-59</i>	26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>
---	---------	---	--

Health, Welfare, Public Service

300  
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

APR 1 1959

APR 1 1959

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 *Paul E. Lusk* .....

Licensed Embalmer No. *330* .....  
P. O. Address *Ammonville* .....

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.