THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004070
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 324 Primary Registration District No. — Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Marshall 0972 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1360 S English — Length of stay in 1b life	d. STREET ADDRESS (If outside, give location) 1360 S English — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SUSIE Middle BEATRICE Last CLOUSE

4. DATE OF DEATH: Month Jan. Day 19, Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: March 18, 1880

9. AGE (In years last birthday): 78 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Saline County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick McBride

14. MOTHER'S MAIDEN NAME: Jennie Hagerty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Eddie Clouse 1266 S Lafayette Address Marshall

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)	Massive Coronary Thrombosis	Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Previous Coronary Occlusion	2 hrs.
DUE TO (c)	Generalized Arteriosclerosis	20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None. 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Oct '56 to Jan '59 and last saw her/him alive on 19 Jan '59
Death occurred at 11:34 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. Lee McCorkle MD

22b. ADDRESS: Marshall, Missouri

22c. DATE SIGNED: 20 Jan '59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-22-1959

23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Garden

23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR: Sweeney-Reser ADDRESS: Marshall

25. DATE RECD. BY LOCAL REG.: 1-21-59

26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4.

P. O. Address Marsh

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.