Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004938
STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hosp — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Nelson — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Christina Middle Wakefield Last Inskeep

4. DATE OF DEATH: Month March Day 2 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 31, 1866
9. AGE (In years on last birthday): 93 — 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: Own Home
11. BIRTHPLACE (City and state or country): Appanoose Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Wakefield
13b. MOTHER'S MAIDEN NAME: Elizabeth Daugherty
14. NAME OF HUSBAND OR WIFE: John F. Inskeep

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.: None
17. INFORMANT: Mr. Opal E. Archer — Address: Liberty, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years.
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): Urinary Tract Infection, Recurrent 4200
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 April 10, 56, to Mar. 2, 1959 and last saw her alive on Mar. 1, 59
Death occurred at 7:25 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. Hale, MD. (Degree or title)
22b. ADDRESS: 329 Main St., Boonville, Mo
22c. DATE SIGNED: 3/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-4-59
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
23d. LOCATION (City, town, or county) (State): Marshall, Mo.

24. FUNERAL DIRECTOR: Campbell-Lewis — ADDRESS: Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: 3/3/59
26. REGISTRAR'S SIGNATURE: D. Hooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 embalmed by me, ~~or by~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed James A. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, Mo.

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.