

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005326  
STATE FILE NUMBER

FILED MAR 2 1959		Registration District No. 137	Primary Registration District No.	Registrar's No. 48
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Benton		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Windsor Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lincoln CO MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Windsor community Hospital 17 days		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Nora ANN ROE		4. DATE OF DEATH Month Day Year Feb 22 59		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 27, 1875	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 2 Days 25 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) Booneville, mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John W. Watson		14. MOTHER'S MAIDEN NAME May F. Higgins		
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 name Brownfield Address Lincoln, mo	
18. CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Respiratory failure DUE TO (b) Cerebral thrombosis 332x DUE TO (c) Hypostatic pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days 1 month 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Generalized arteriosclerosis, Arterial Hyperten				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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, item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				
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	COUNTY STATE
21. I attended the deceased from Feb 5, 1959 to Feb 22, 1959 and last saw her alive on Feb 22, 1959 Death occurred at 3:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Paul W. Junger MD		22b. ADDRESS 114 No. Main, Windsor, Mo		22c. DATE SIGNED 2/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Pilot Grove cemetery	23d. LOCATION (City, town, county) Mo (State) Pilot Grove mo	
24. FUNERAL DIRECTOR Fred Davis & Son		ADDRESS Lincoln	25. DATE RECD. BY LOCAL REG. 2-28-59	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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..... *Richard S. Conn*

Licensed Embalmer No. *47*

P. O. Address *Tipton,*

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.