

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008690
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 22

FILED MAR 18 1959

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Cass | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Mt. Pleasant Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mile east, Belton | | Length of stay in lb 6 yrs | d. STREET ADDRESS (If outside, give location) 1/2 mile east, Belton Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First CHARLES Middle (none) Last SERVOSS | | | 4. DATE OF DEATH Month March Day 8 Year 1959 | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Mar. 20, 1892 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | 11. BIRTHPLACE (City and state or country) Denison, Iowa | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME George Servoss | 13b. MOTHER'S MAIDEN NAME Susanna Everett | 14. NAME OF HUSBAND OR WIFE |
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| 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. 478-12-0819 | 17. INFORMANT Charles Servoss, Jr. Address Belton, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> DUE TO (b) <u>Acute coronary occlusion</u> DUE TO (c) <u>Arterio-sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH 1201 |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ 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 _____ |
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| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>John D. McLee D.D.</i> | 22b. ADDRESS <i>Belton, Mo.</i> | 22c. DATE SIGNED <i>3/10/59</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 11, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery | 23d. LOCATION (City, town, or county) (State) Belton, Mo. |
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| 24. FUNERAL DIRECTOR E. K. George & Sons ADDRESS Belton, Mo. | 25. DATE RECD. BY LOCAL REG. 3-14-59 | 26. REGISTRAR'S SIGNATURE <i>Mrs. Gray Sebree</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Richard E. Deage

Licensed Embalmer No. 3958

P. O. Address Belt, Md

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.