

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010306
STATE FILE NUMBER

FILED MAR 25 1959

Registration District No. 255 Primary Registration District No. 5874 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Oregon County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King Twp		c. CITY OR TOWN Hutton Valley	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First ADDIE Middle Last BLACK		4. DATE OF DEATH Month March Day 9 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1890
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) Illinois
13a. FATHER'S NAME William Kellums		13b. MOTHER'S MAIDEN NAME Timy Johnston	14. NAME OF HUSBAND OR WIFE L. A. Black
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) non none		16. SOCIAL SECURITY NO. 495-10-3639	17. INFORMANT Address Mrs. Marie Yardley, Raton, N. M.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cervix 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) _____			INTERVAL BETWEEN ONSET AND DEATH 17 1/2
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 6-17 to Jan 4, 1959 and last saw her/him alive on 1-1-59 Death occurred at 3:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. C. Walton M.D.		22b. ADDRESS Mt. U. E. W. Mo	22c. DATE SIGNED 3-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/11/59	23c. NAME OF CEMETERY OR CREMATORY Hutton Valley	23d. LOCATION (City, town, or county) (State) Hutton Valley, Missouri
24. FUNERAL DIRECTOR ADDRESS Burns Willow Springs, Mo.		25. DATE RECD. BY LOCAL REG. 3/20/59	26. REGISTRAR'S SIGNATURE Mrs. W. C. Johnson

(Licensed Embalmer's Statement on Reverse Side)

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

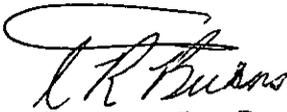
JUL 22 1959

8961 2 8 1974

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 Thomas R. Burns

Licensed Embalmer No. 4214.....
P. O. Address Willow Springs,

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.