

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014422
STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 282 Primary Registration District No. Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plaut Hope</u>		c. CITY OR TOWN <u>Plaut Hope</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deed in the Home</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>70 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Maggie Middle Arminda Last Rock 4. DATE OF DEATH April 27-1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Aug-16-1882
 2. WIDOWED DIVORCED 9. AGE (In years last birthday) 76 10. UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY Homemaker 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. S. Ogilby 13b. MOTHER'S MAIDEN NAME Charl Rodd 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No 16. SOCIAL SECURITY NO. 70 17. INFORMANT Miss Eugene Feldberg - Plaut Hope, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral arteriosclerosis
 DUE TO (b) Decuscent arteriosclerosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X
 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 Month, Day, Year a.m. p.m.

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 March 1, 1959 to April 26, 1959 and last saw her alive on April 26, 1959
 Death occurred at 9:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. J. J. Morris 22b. ADDRESS Morrisville, Mo. 22c. DATE SIGNED 4-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 29-59 23c. NAME OF CEMETERY OR CREMATORY Plaut Hope 23d. LOCATION (City, town, or county) (State) Plaut Hope Mo

24. FUNERAL DIRECTOR Pitts Funeral Home - Pl. Ho ADDRESS Pl. Ho 25. DATE RECD. BY LOCAL REG. May 1, 1959 26. REGISTRAR'S SIGNATURE Ralph Gordon Persewell

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Adney J. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolivar, 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.