

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017117

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Twnshp.		c. CITY OR TOWN Liberty	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION I.D.O.F. Hosp.		d. STREET ADDRESS (If outside, give location) 337 N. Water	
Length of stay in lb 2 wks.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last BERTHA C. STODALE			4. DATE OF DEATH Month Day Year MAY 10, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1874
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) Housewife	11. BIRTHPLACE (City and state or country) Holden, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John S. Cope	
13b. MOTHER'S MAIDEN NAME MARY Halsey		14. NAME OF HUSBAND OR WIFE Robert Stodale	
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. NO	
17. INFORMANT Robert Stodale		Address Liberty, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis - possible CVR May 4 - not obvious DUE TO (b) after DUE TO (c) Phlebitis left leg May 6.			INTERVAL BETWEEN ONSET AND DEATH 331XH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I of this certificate Cardiac arrest 2 years ago. Recurred in which she was unable to breathe 2 years ago. 40 years ago. But she did not bleed.			
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.) But she did not bleed	
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	
21. I attended the deceased from year to year and last saw her alive on May 9 Death occurred at 1 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm H. Goodson M.D.		22b. ADDRESS Liberty Mo	
22c. DATE SIGNED 5/11/59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE May-12-59		23c. NAME OF CEMETERY OR CREMATORY 9 avenue	
23d. LOCATION (City, town, or county) (State) Liberty Mo		24. FUNERAL DIRECTOR Church-Archer Co. Liberty, Mo.	
25. DATE RECD. BY LOCAL REG. 5-14-59		26. REGISTRAR'S SIGNATURE Mabel Graham	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Colator, etc. must use only Standard non-chemotherapeutic ink. No symptoms with 20-10-59. 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 *Harold G. Smith*

Licensed Embalmer No.....

P. O. Address.....

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.