

STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1959

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY MARION b. CITY OR TOWN PALMYRA c. FULL NAME OF HOSPITAL OR INSTITUTION MAPLE LAWN REST HOME

2. USUAL RESIDENCE a. STATE MO b. COUNTY SHELBY c. CITY OR TOWN CLARENCE d. STREET ADDRESS CLARENCE

3. NAME OF DECEASED First MIDDLE LAST DOLLY PRICE TEDFORD

4. DATE OF DEATH Month Day Year MAY 17 1959

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH NOV 4, 1869 9. AGE 89

10a. USUAL OCCUPATION HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE

11. BIRTHPLACE MO MACON COUNTY

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME ROBERT TILLER

13b. MOTHER'S MAIDEN NAME HULDA MILES

14. NAME OF HUSBAND OR WIFE DE MELLVILLE TEDFORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT MRS WILLIS HATLIN PALMYRA MO

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Endocarditis DUE TO (b) Insufficiency of Age

INTERVAL BETWEEN ONSET AND DEATH Not known

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 4214

20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 27, 1959 to May 17 and last saw her alive on May 16, 1959

22a. SIGNATURE P. H. Hatlin M.D. 22b. ADDRESS Palmyra Mo 22c. DATE SIGNED 5-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5-19-59 23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY 23d. LOCATION (City, town, or county) (State) MACON COUNTY MO

24. FUNERAL DIRECTOR ADDRESS GREENING CLARENCE MO 25. DATE RECD. BY LOCAL REG. 5-23-59 26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By Viola Gee, Deputy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

300 1-57

4

C

DATE FILED JUN 11 1959

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 *Charles V. Greening*

Licensed Embalmer No. *4625*  
P. O. Address *Clarence M.*

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.