

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020424
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 7 1959 Registration District No. 34 Primary Registration District No. 5117 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Boone</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cedar</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Ashland</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Ashland RFD #1</i>			Length of stay in lb <i>Life</i>	STREET ADDRESS <i>RFD #1</i>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Mattie</i> Middle <i>Valeria</i> Last <i>White</i>			4. DATE OF DEATH Month <i>June</i> Day <i>24</i> Year <i>1959</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 15 1887</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>2</i>	IF UNDER 24 HRS. Hours <i>72</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Ashland Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Americus Fernando Hinshaw</i>				14. MOTHER'S MAIDEN NAME <i>Charity Showers</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.	17. INFORMANT <i>Stella Montjoy Ashland Mo</i>			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) <i>Anterioderate heart disease</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
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 (n) <i>4200</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i>4:20</i> Month <i>June</i> Day <i>24</i> Year <i>1959</i> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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 <i>8 July 58</i> to <i>24 June 59</i> and last saw her <i>him</i> alive on <i>12 June 59</i> Death occurred at <i>5:06 A. m</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>R P Adelson MD</i>				22b. ADDRESS <i>Columba, Mo.</i>		22c. DATE SIGNED <i>25 June 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 25 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Salem Cem.</i>		23d. LOCATION (City, town, or county) <i>Ashland Mo</i>		(State)
24. FUNERAL DIRECTOR <i>Wth E. Burnett Ashland Mo</i>			25. DATE RECD. BY LOCAL REG. <i>June 25 1959</i>		26. REGISTRAR'S SIGNATURE <i>Mrs Mildred Bennett</i>		

JUL 22 1956

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 *W^m L. Burnett*

Licensed Embalmer No. *356*

P. O. Address *Ashland*

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.