

FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004361

STATE FILE NUMBER

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 257

300
-57

D

USE ONLY BLACK INK
 MEDICAL CERTIFICATION
 ALL DISEASES IN Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cassville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Hosp.			Length of stay in lb 2 da.	d. STREET ADDRESS (If outside, give location) Ivy Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARK Middle HUTTON Last CRAIG				4. DATE OF DEATH Month January Day 16 Year 1958			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 27, 1956		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 0 Days 0
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Monett, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Glen Craig			13b. MOTHER'S MAIDEN NAME Nancy Hutton		14. NAME OF HUSBAND OR WIFE none		
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 Address Glen Craig-Cassville, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation						INTERVAL BETWEEN ONSET AND DEATH 36 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Epidemic gastro enteritis						1 wk	
DUE TO (c) Acute otitis Media							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute otitis Media						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.) 5710				
20c. TIME OF INJURY Hour 10:30 Month 1 Day 13 Year 1958 a.m. 0 p.m. 0							
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 Cassville		COUNTY Barry STATE Missouri	
21. I attended the deceased from 1/13/58 to 1/16/58 and last saw him alive on 1/16/58 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Rosella S. Cahberg MD				22b. ADDRESS 215 4th Monett Mo		22c. DATE SIGNED 1/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-19-1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Cassville, Missouri		
24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Missouri			25. DATE RECD. BY LOCAL REG. 1-20-58		26. REGISTRAR'S SIGNATURE mo. P.N. Cook		

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 158-22

DATE REC. 1-27-58

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 Paul D. Henbest

Licensed Embalmer No. 4576
P. O. Address Cassville, 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.