

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12936

State File No. _____

FILED APR 6 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>6083</u>		Registrar's No. <u>74</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson</u>		c. LENGTH OF STAY (In this place) <u>6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>CYNTHIA</u> c. (Last) <u>HUGHES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 30, 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 7, 1870</u>		
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>						
13a. FATHER'S NAME <u>John Salmore</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Box</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mollie Kay Kendall Nelson</u> <u>mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Paralysis</u>				DUPLICATE OF (b) <u>Vascular Hypertension</u>				
DUPLICATE OF (c) <u>Arteriosclerosis.</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____				
22. I hereby certify that I attended the deceased from <u>Mar 16</u> , 19 <u>53</u> , to <u>Mar 27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 27</u> , 19 <u>53</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John M. Weish DO</u> (Degree or title)				23b. ADDRESS <u>Marshall P#1 MO</u>		23c. DATE SIGNED <u>3-31-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-1-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall mo</u>		
DATE REC'D BY LOCAL REG. <u>3-31-1953</u>		REGISTRAR'S SIGNATURE <u>Lidney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5970

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
Student Embalmer

Signed Joseph R. Macklin
.....
Licensed Embalmer No. 4571

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.