

STANDARD CERTIFICATE OF DEATH

State File No. 3926
15BIRTH ~~REC'D~~ FEB 22 1954 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5069 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural Lamar Twp		c. LENGTH OF STAY (in this place) 14 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lamar Twp LAMAR Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles East 3 Mi S. of Lamar		d. STREET ADDRESS (If rural, give location) 2 miles East 3 mile S. of Lamar					
3. NAME OF DECEASED (Type or Print) Margaret Jane		a. (First)		b. (Middle) Hoyle			
c. (Last)		4. DATE OF DEATH Feb 20 1954		(Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Feb 4, 1870		9. AGE (In years last birthday) 84-0-0		IF UNDER 1 YEAR Days 16			
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Lynn Creek Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME J. Farmer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. C.E. Butler			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart insufficiency				INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) old age		DUE TO (c)			
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lamar Barton Mo			
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Barton Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Feb 14, 1954, to Feb 19, 1954, that I last saw the deceased alive on Feb 19, 1954, and that death occurred at m., from the causes and on the date stated above.					
23a. SIGNATURE D.R. Geedeev M.D.		23b. ADDRESS Lamar		23c. DATE SIGNED 9-20-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 22 1954		24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery			
24d. LOCATION (City, town, or county) (State) Oronogo, Missouri		DATE REC'D BY LOCAL REG. Feb 20th 1954		REGISTRAR'S SIGNATURE Marie Kanarky			
25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnee-Simpson Mortuary		ADDRESS Webb City, Mo.					

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

0060

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 Harold E. Amee

Licensed Embalmer No. 4463

P. O. Address Wool City, Md

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.