No. 300
10-48

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

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 794

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 25-

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (in this place): 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Maple /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Gentry
c. CITY OR TOWN: Stanberry
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (Rural, give location): North Maple 0380 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs. Eva
b. (Middle): H.
c. (Last): Temple

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 1955

5. SEX: Female /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 25 1864
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — 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: At Home
11. BIRTHPLACE (City and State or Foreign Country): Gentry Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: David Campbell
13b. MOTHER'S MAIDEN NAME: Sarah Sea
14. NAME OF HUSBAND OR WIFE: Wm. A. Temple
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mr. Edward Temple — ADDRESS: Stanberry Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Day.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute Nephritis — 3 weeks
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: 590 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 19 54, *to* Jan 29, 19 55, *that I last saw the deceased alive on* Jan 29, 19 55, *and that death occurred at* 12.10 m *from the causes and on the date stated above.*

23a. SIGNATURE: Charles N. Williamson (Degree or title): DO
23b. ADDRESS: Gentry Mo
23c. DATE SIGNED: 1-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31 1955
24c. NAME OF CEMETERY OR CREMATORY: High Ridge
24d. LOCATION (City, town, or county) (State): Stanberry Gentry Mo.

DATE REC'D BY LOCAL REG.: Jan 31-1955
REGISTRAR'S SIGNATURE: Maude Williams 462-C
25. FUNERAL DIRECTOR'S SIGNATURE: Leroy H. Phillips — ADDRESS: Stanberry Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., ~~Student Embalmer No.~~.....

~~working under my personal supervision.~~.

~~Student~~ ..... ~~Signature of Student Embalmer~~

Signed Lotty H. Phillips

Licensed Embalmer No. 189

P. O. Address Stanbur

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.