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

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. Allen

State File No. 3881

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: BATES.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6TH Y OAK. ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES.
c. CITY OR TOWN: RICH HILL
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6TH - OAK ST.

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3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): JANE
c. (Last): COX

4. DATE OF DEATH (Month) (Day) (Year): MARCH-5-1955

5. SEX: FEMALE. 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED. 2
8. DATE OF BIRTH: OCT-30-1861
9. AGE (In years last birthday): 93 — If under 1 year: Months 4, Days 4 — 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: OWN HOME.
11. BIRTHPLACE (City and State or Foreign Country): MACON MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBERT MILLS.
13b. MOTHER'S MAIDEN NAME: MARY JANE KINCAID.
14. NAME OF HUSBAND OR WIFE: —

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: Mrs. Rosena Williamson
ADDRESS: Rich Hill 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) Senile Arteriosclerosis — Interval between onset and death: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Debility — 1 yr
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: 4500
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 Jan 1, 1953, to March 5, 1955, that I last saw the deceased alive on March 4, 1955, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature]
(Degree or title):
23b. ADDRESS: Rich Hill Mo.
23c. DATE SIGNED: Mar 7 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-8-55.
24c. NAME OF CEMETERY OR CREMATORY: WOODFIN CEMETERY
24d. LOCATION (City, town, or county) (State): BATES COUNTY, MO.

DATE REC'D BY LOCAL REG.: Mar. 7-55
REGISTRAR'S SIGNATURE: Mrs. Earl Dailey
25. FUNERAL DIRECTOR'S SIGNATURE: Rich Hill Funeral Serv.
ADDRESS: Rich Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 465

P. O. Address Butte,

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