

FILED JUL 25 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 21049

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>			
b. CITY OR TOWN <u>WARSAW</u> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place) <u>4 months</u>		c. CITY OR TOWN <u>Fristoe</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELISSA</u> b. (Middle) <u>ANN</u> c. (Last) <u>MITCHELLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1955</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>Dec 8, 1874</u>		9. AGE (In years last birthday) <u>80</u>	10. MONTH <u>7</u> DAY <u>11</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fristoe, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Samuel Holley</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri K. Williams</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. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emice Stephens</u>		ADDRESS <u>Eldon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, right</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS (arteriosclerotic cardiovascular renal disease) <u>Nephritis, chronic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>years</u>  <u>2 yrs.</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					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) (Min.) _____	
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>July 8, 1955</u> , to <u>July 19, 1955</u> , that I last saw the deceased alive on <u>July 19, 1955</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Hodis, M.D.</u>				23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>7-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higgenoville</u>		24d. LOCATION (City, town, or county) (State) <u>Higgenoville Lafayette Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 22 1955</u>		REGISTRAR'S SIGNATURE <u>Jessie D. Loggans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Riser</u>		ADDRESS <u>Warsaw, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
*John F. Reser*

Licensed Embalmer No.....4

P. O. Address.....WASA

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