

FILED NOV 3 1955

STANDARD CERTIFICATE OF DEATH

6096 State File No. 35639

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4477 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>DAVIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glenwood Mo.</u>		c. CITY OR TOWN <u>Savannah</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 1/2 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>8-148</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myra</u> b. (Middle) <u>M.</u> c. (Last) <u>Daughters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-21-55</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>Oct-30-1888</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Davis Co Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lunstead</u>		13b. MOTHER'S MAIDEN NAME <u>Gaults</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)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G.L. Lunstead Bloomfield</u> ADDRESS <u>332X</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> 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 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>6-22</u> , 19 <u>55</u> , to <u>Oct. 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct. 20</u> , 19 <u>55</u> , and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H.R. Stokes</u> (Degree or title) <u>DD</u>		23b. ADDRESS <u>Hanover, Mo.</u>	
23c. DATE SIGNED <u>10-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 22 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Savannah</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah Iowa</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 21 5:5</u>		REGISTRAR'S SIGNATURE <u>353-15</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Bloomfield Jr</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Minnie Morehead* .....

Licensed Embalmer No. *368*

P. O. Address *Lancaster*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.