

No. 300
10.48

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4520**

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5522** Registrar's No. **49**

2502

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

1. PLACE OF DEATH a. COUNTY Hickory				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cross Timbers		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Cross Timbers		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Cross Timbers				e. STREET ADDRESS (If rural, give location) S. Cross Timbers			
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) B c. (Last) Admire			4. DATE OF DEATH (Month) (Day) (Year) Feb 27-1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 16-1880		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Beaton Co. Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME John H. Teague		13b. MOTHER'S MAIDEN NAME Emily Beeber		14. NAME OF HUSBAND OR WIFE James Albert Admire			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas Admire - Cross Timbers			
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) Cerebral Infarction, Multiple					INTERVAL BETWEEN ONSET AND DEATH 10 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized					10 years
		DUE TO (c) Terminal uremia					3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					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) 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 May 1955 , to Feb 27, 1956 that I last saw the deceased alive on Feb 27, 1956 , and that death occurred at 5 A m., from the causes and on the date stated above.							
23a. SIGNATURE E. E. Hoover (Degree or title) M.D.				23b. ADDRESS Warsaw, Mo.		23c. DATE SIGNED 3/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb 29-56	24c. NAME OF CEMETERY OR CREMATORY Cross Timbers		24d. LOCATION (City, town, or county) (State) Cross Timbers, Mo		
DATE REC'D BY LOCAL REG. 3-8-1956		REGISTRAR'S SIGNATURE May Johnson 464-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert H. Hattaway - Wheatland, Mo			

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 *Chas Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Millbury, Mass.*.....

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.