

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13979**

FILED APR 27 1956

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (In this place) 2 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Pollock			
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth San				d. STREET ADDRESS (If rural, give location) 1021			
3. NAME OF DECEASED (Type or Print)		a. (First) Frances		b. (Middle) Ellen		c. (Last) Derby	
4. DATE OF DEATH		(Month) Apr.		(Day) 12		(Year) 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 2, 1926		9. AGE (In years last birthday) 30	10. UNDER 1 YEAR Months _____	11. UNDER 1 MO. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lens Polisher		10b. KIND OF BUSINESS OR INDUSTRY Optical Plant		11. BIRTHPLACE (City and State or Foreign Country) Pollock, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cecil R. Hines		13b. MOTHER'S MAIDEN NAME Eva Russell		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-26-4565		17. INFORMANT'S SIGNATURE OR NAME Cecil R. Hines			
				ADDRESS Pollock, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hanging DUE TO (c) Suicide II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic Reaction, Paranoid					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 974x					20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Macon		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Macon Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. Apr. 12 1956		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lester Hutton Coroner		23b. ADDRESS Macon, Mo.		23c. DATE SIGNED 4/12/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/14/56		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 4/12/56		REGISTRAR'S SIGNATURE C. M. Neely		25. FUNERAL DIRECTOR'S SIGNATURE Lester Hutton			
				ADDRESS Macon, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1856

RECEIVED 4.24.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 4.56.66
Date Filed 4.24.56

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 _____
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

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 this body is not embalmed, fact should be so stated above.