

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15806

STATE FILE NUMBER

FILED JUN 11 1956

Registration District No.

61

Primary Registration District No.

4107

Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Cedar			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Spgs.		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN El Dorado Spgs. 020		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 S. Kinfestrich		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 701 S. Kinfestrich		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last Bell Worthington			4. DATE OF DEATH Month Day Year 6-8-56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 4-28-1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days 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 —		11. BIRTHPLACE (City and state or country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Meritt Cunningham			14. MOTHER'S MAIDEN NAME Isabel Smith		
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 Mrs. Joe Robinson Rt. 3 El Dorado Spgs.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypostatic pneumonia DUE TO (c) Cerebral thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X					INTERVAL BETWEEN ONSET AND DEATH 1 week 2 wks
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-29-56 to 6-8-56 and last saw her alive on 6-7-56 Death occurred at 3:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. A. Sunderwirth D.O.		22b. ADDRESS El Dorado Springs		22c. DATE SIGNED 6-9-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-10-56		23c. NAME OF CEMETERY OR CREMATORY Herein Cemetery	
23d. LOCATION (City, town, or county) Cedar County, Mo.		23e. DATE RECD. BY LOCAL REG. 6-9-56			
24. FUNERAL DIRECTOR Address L. J. Brothers El Dorado Spgs.		25. REGISTRAR'S SIGNATURE George W. Hefner			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Floyd E. Caathus

Licensed Embalmer No. 45

P. O. Address *E. D. ...*

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.