

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17359

STATE FILE NUMBER

FILED JUN 12 1956

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Unionville Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RESIDENCE <u>Monroe Hospital</u> Length of stay in lb <u>10 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Ida</u> First <u>Eva</u> Middle <u>Buck</u> Last			4. DATE OF DEATH <u>5-31-1956</u> Month <u>5</u> Day <u>31</u> Year <u>1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1875-12-11</u>
9. AGE (In years last birthday) <u>80</u> Months <u>5</u> Days <u>20</u> Hours <u></u> Min. <u></u>		10. KIND OF BUSINESS OR INDUSTRY <u>house work</u>	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Teacher</u>		11. BIRTHPLACE (City and state or country) <u>Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>John Stockton</u>	
14. MOTHER'S MAIDEN NAME <u>Angeline Robinson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Mo</u>		17. INFORMANT <u>Henry Stockton</u> <u>370</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Capsular degeneration</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis & hypertension</u> DUE TO (c) <u>senile debility</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>years</u> <u>years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY <u>Hour</u> <u>Month</u> <u>Day</u> <u>Year</u> a. m. <u>p. m.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>May 28 1956</u> to <u>May 31 1956</u> and last saw her <u>alive</u> on <u>May 31 56</u> . Death occurred at <u>9:30 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In full name) <u>Chas. L. Gadd D.O.</u>		22b. ADDRESS <u>Unionville Mo</u>	
22c. DATE SIGNED <u>6/1/56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-2-1956</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Moulton Cem.</u>	
23c. LOCATION (City, town, or county) <u>Moulton Iowa</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Hustedson Unionville Mo</u> ADDRESS <u>6-9-56</u>		25. DATE RECD. BY LOCAL REG. <u>6-9-56</u>	
26. REGISTRAR'S SIGNATURE <u>Marcell Dumbin</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *F. O. Hustled*.....

Licensed Embalmer No. *29*
P. O. Address *Winnipeg*

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.