

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17482

State File No.

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>St. Francois 0940</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois 0940</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins 1</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Elvins</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city as incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u> b. (Middle) <u>ARMENDIA</u> c. (Last) <u>BIBLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1956</u>	

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov-2, 1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>11</u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Casteel</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Freeland</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph L. Bible</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Bible Elvins, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		1 year by X-Ray 6 weeks Several years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of descending Colon.</u> DUE TO (c) <u>Hemiplegia left arm & leg</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterial hypertension</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>		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 4/29/56, 19 , to 5/13, 1956, that I last saw the deceased alive on 5/12, 1956, and that death occurred at 8:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Jones M.D.</u>	23b. ADDRESS <u>Flat River, Mo.</u>	23c. DATE SIGNED <u>5/14/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memo.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>		

DATE REC'D BY LOCAL REG. <u>May 14, 1956</u>	REGISTRAR'S SIGNATURE <u>Esther Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sparks Funeral Home Flat River, Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

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 *Murphy L Sparks*
Licensed Embalmer No. *428*
P. O. Address *Fladthina, Ia*

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.