

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29637

STATE FILE NUMBER

FILED AUG 21 1956

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barry Co.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Monett</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nevada State Hospital #3</i>		Length of stay in lb <i>210</i>	d. STREET ADDRESS <i>304 Sinden</i>
3. NAME OF DECEASED (Type or print) <i>MISSOURI G. T. ROBERT</i>			4. DATE OF DEATH Month <i>8</i> Day <i>17</i> Year <i>1956</i>
5. SEX <i>FE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-17-1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and state or country) <i>Cassville, Mo.</i>
13. FATHER'S NAME <i>David Beck</i>		14. MOTHER'S MAIDEN NAME <i>Louise Reisman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Adm Paper</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Vessel Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>Senile Dementia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Yes</i> <i>Yes</i> <i>Yes</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>4201</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Hour <i>-</i> Month <i>-</i> Day, Year <i>-</i> a. m. <i>-</i> p. m. <i>-</i>			
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 <i>July 17 - 56</i> and last saw her alive on <i>8-17-56</i> Death occurred at <i>1130 S. 2nd</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>E. Almschick</i>		22b. ADDRESS <i>State Hospital #3</i>	22c. DATE SIGNED <i>8-17-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug. 19-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Wood</i>	23d. LOCATION (City, town, or county) (State) <i>Exeter, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>McQueen Funeral Home, Wheaton Mo</i>	25. DATE RECD. BY LOCAL REG. <i>8-18-56</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service
300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *J. E. Culver*.....

Licensed Embalmer No. *35*.....

P. O. Address *Cass*.....
70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.