FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 125

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 37

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Barry<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett — Inside Limits Yes X No ☐<br>c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 901 Cale St. — Length of stay in Hospital 62 Yrs. | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Barry<br>c. CITY OR TOWN Monett 0051 — Inside Limits Yes X No ☐<br>d. STREET ADDRESS (If outside, give location) 901 Cale St. — Reside on Farm Yes ☐ No X |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: ELIZABETH | Middle: H. | Last: BASS | 4. DATE OF DEATH Month Day Year: Feb. 3, 1957 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ | 8. DATE OF BIRTH: Feb. 16, 1877 | 9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: 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): Cole County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME: John M. Kirchner | | 14. MOTHER'S MAIDEN NAME: Katherine Mohr | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Glennon Bass | Address: Monett, Mo. |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 Feb 3-57, to Feb 3-57 and last saw her ~~him~~ ~~alive~~ on Dead

Death occurred at Approx 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE: Wayne E. Wilbourn (Degree or title) Coroner | 22b. ADDRESS: Cassville Mo. | 22c. DATE SIGNED: Feb 3, 1957 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 2/5/57 | 23c. NAME OF CEMETERY OR CREMATORY: Oak Dale | 23d. LOCATION (City, town, or county) (State): Monett, Mo. |
| 24. FUNERAL DIRECTOR: J. D. Buchanan | ADDRESS: Monett, Mo. | 25. DATE RECD. BY LOCAL REG.: 2-5-57 | 26. REGISTRAR'S SIGNATURE: Monett Mo. |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 257 - 24

DATE REC. 2-11-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett,

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.