FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1706

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ALBA Mineral Twsp — Inside Limits Yes X No ☐	c. CITY OR TOWN ALBA 0490 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ALBA — Length of stay in lb 45 YRS	d. STREET ADDRESS NONE (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First EVA	Middle ALICE	Last ROSE	4. DATE OF DEATH	Month 1 Day 17 Year 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Jan. 13 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 4 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) SIDNEY ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME JOHN P. DIX	14. MOTHER'S MAIDEN NAME AMY P. MARSHAL				
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 DAVE ROSE	Address ALBA 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) Myocardial Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 1 Yr. Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1-13-57, to 1-17-57 and last saw her ~~him~~ alive on 1-17-57

Death occurred at 10:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn R. Duey DO

22b. ADDRESS Alba - Mo.

22c. DATE SIGNED 1-19-1957

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-20-1957	23c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETERY	23d. LOCATION (City, town, or county) PURCELL (State) MO
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO	25. DATE RECD. BY LOCAL REG. 1-19-57	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

(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 tested. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

County File Number 57-1-44

Date Filed JAN 21 1957

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 Richard Gray Lew

Licensed Embalmer No. 44

P. O. Address Webb Cy

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.