

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3293**

2972

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 16 days	c. CITY OR TOWN Arrow Rock
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Streets not numbered		0910	
3. NAME OF DECEASED (Type or Print) a. (First) Byrdie b. (Middle) Chase c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 14, 1878
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 10 Days 21	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 Own Home	11. BIRTHPLACE (City and State or Foreign Country) Arrow Rock, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter Chase	
13b. MOTHER'S MAIDEN NAME Annie Hollinsworth		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morris Hillen Kansas City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis & hypertension		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) cardiovascular disease	
DUE TO (c) congestive failure			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x	
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) (Min.)	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 31 Dec, 1956 , to 2-5, 1957 , that I last saw the deceased alive on 2-5, 1957 , and that death occurred at 2:30p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Karyl H. Gore M.D.		23b. ADDRESS Marshall, Mo	23c. DATE SIGNED 2-7-57
24a. BURIAL OR EMALTION, REMOVAL (Specify) Burial	24b. DATE 2-7-57	24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery	24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri
DATE REC'D BY LOCAL REG. 2-7-57	REGISTRAR'S SIGNATURE Cecil L. Reed	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo	

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(Licensed Embalmer's 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..... *R.W. Campbell Jr.*

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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