

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5635

STATE FILE NUMBER

FILED MAR 12 1957

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby Twp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Granby Hosp.		Length of stay in lb None		d. STREET ADDRESS (If outside, give location) 607 Euclid Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LAVETA MADGE HILL				4. DATE OF DEATH Feb. 24, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 1, 1904		9. AGE (In years last birthday) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning Shop		10b. KIND OF BUSINESS OR INDUSTRY Employe		11. BIRTHPLACE (City and state or country) Verona, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jess W. West				14. MOTHER'S MAIDEN NAME Sarah Fly			
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. 494-20-0949		17. INFORMANT Mrs. Carl Link Jr. Monett, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC THROMBOSIS DUE TO (b) CIRRHOTIC LIVER DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	
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 _____ Month, Day, Year _____ a. m. _____ p. m. _____							
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 Feb 3 1955 to Feb 24, 1957 and last saw her alive on Feb 24 Depth occurred at 1:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles W. Buchanan (Degree or title)				22b. ADDRESS 213 Bond Monett Mo		22c. DATE SIGNED Feb 28 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/27/57	23c. NAME OF CEMETERY OR CREMATORY Rose Hill		23d. LOCATION (City, town or county) Willard Mo.		(State) _____
24. FUNERAL DIRECTOR J. D. Buchanan			ADDRESS Monett, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 1, 1957		26. REGISTRAR'S SIGNATURE M. L. Young

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

25

RECEIVED

Health Officer No. Newton

District File Number 257-23

Date Filed MAR 7 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed J. P. Bushman

Licensed Embalmer No. 317

P. O. Address Monett, Mo.

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.