No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8507

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY Ozark HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CAULFIELD
c. LENGTH OF STAY (in this place) yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) X | X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY HOWELL 046 0
c. CITY OR TOWN CAULFIELD 0
d. Is Residence within limits of a city or incorporated town? Yes 0 No X
e. STREET ADDRESS (If rural, give location) R F D

3. NAME OF DECEASED (Type or Print)
a. (First) MAGGIE
b. (Middle) McKINNEY
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 4-7-57

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF DATE OF BIRTH ?
9. AGE (In years last birthday) 76 | If under 1 year: Months Days | 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 X X
11. BIRTHPLACE (City and State or Foreign Country) OZARK COUNTY, MO
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME JOHN HENSLEY
13b. MOTHER'S MAIDEN NAME POLLY WILSON
14. NAME OF HUSBAND OR WIFE X X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X
17. INFORMANT'S SIGNATURE OR NAME IVAN McKINNEY, CAULFIELD, MO ADDRESS

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 18 hours

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arthritis, generalized
Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5-57, 19 *to* 4-7, 1957, *that I last saw the deceased alive on* 4-7, 1957, *and that death occurred at* 1:50 AM *from the causes and on the date stated above.*

23a. SIGNATURE John N. Wilson (Degree or title) MD
23b. ADDRESS West Plains Mo
23c. DATE SIGNED 4-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 4-9-57
24c. NAME OF CEMETERY OR CREMATORY ELIJAH
24d. LOCATION (City, town, or county) ELIJAH, MO (State)

DATE REC'D BY LOCAL REG. 4-11-57
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO ADDRESS
(Licensed Embalmer's Statement on Reverse Side)

379
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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. D. Roberts

Licensed Embalmer No. 343

P. O. Address West Pla

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