

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14234

STATE FILE NUMBER

FILED MAY 15 1957

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Polk			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S. E. Marion Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 4 1/2 Mi. S. E. Of Bolivar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 1/2 Mi. S.e. Bolivar		Length of stay in 1b 2 1/2 Yrs.	d. STREET ADDRESS S. E. Marion Twp.		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Grace Middle Maud Last Black			4. DATE OF DEATH Month April Day 13 Year 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1892	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Dade County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME L.H. Orrell			14. MOTHER'S MAIDEN NAME Mary Ann White		
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. 500-10-0461	17. INFORMANT Address Ezra R. Black, R 4, Bolivar, 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) acute heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) chronic myocarditis DUE TO (c) _____ 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 year
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 6/22/56 to 4/13/57 and last saw her alive on 4/3/57 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. C. McCraw M.D.			22b. ADDRESS Bolivar Mo		22c. DATE SIGNED 4/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-17-57	23c. NAME OF CEMETERY OR CREMATORY Goff Cemetery		23d. LOCATION (City, town, or county) (State) Near Bolivar, Mo..
24. FUNERAL DIRECTOR Erwin & Blue, Bolivar, Mo		ADDRESS Bolivar, Mo		25. DATE RECD. BY LOCAL REG. May 8, 1957	26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

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.

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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 embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackw

Licensed Embalmer No. 47

P. O. Address Bolivar

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.