

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021985
STATE FILE NUMBER

FILED JUN 28 1957

Registration District No. 243 Primary Registration District No. 4363 Registrar's No. 12

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairview | | c. CITY OR TOWN Granby | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ridenour Rest Home | | d. STREET ADDRESS none | |
| 3. NAME OF DECEASED (Type or print) David | | 4. DATE OF DEATH May 24, 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH April 7, 1874 | |
| 9. AGE (In years last birthday) 83 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | |
| 11. BIRTHPLACE (City and state, country) Agusta County, Va. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Aderson Hutchens | | 14. MOTHER'S MAIDEN NAME Rebecca Hill | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Mrs. Baulah Freeman Granby, 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) Disseminated Sclerosis DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility with mentior of senile Dementia | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. | |
| 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.) none | |
| 20c. TIME OF INJURY Hour _____, Month _____, Day _____, Year _____ a. m. _____, p. m. _____ | | 20d. INJURY OCCURRED WHILE AT <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 Jan 1952 to May 24 - 1957 and last saw ^{her} him alive on May 21, 1957 Death occurred at 6.00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Malvin M. Cullough D.O. | | 22b. ADDRESS 420 W. Sherman | |
| 22c. DATE SIGNED 5/25/57 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 5-26-1957 | | 23c. NAME OF CEMETERY OR CREMATORY Granby Memorial Ceme. | |
| 23d. LOCATION (City, town, or county) Granby, Missouri | | 23e. (State) _____ | |
| 24. FUNERAL DIRECTOR Culver-Shewmake | | 25. DATE RECD. BY LOCAL REG. 5/27/57 | |
| ADDRESS Granby, Mo. | | 26. REGISTRAR'S SIGNATURE Meredith Proberly | |

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

District Health Officer No. *Newton*

District File Number *657-132*

Date Filed *JUN 27 1957*

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 *Floyd E. Skewmoke*

Licensed Embalmer No. *49*
P. O. Address *Box 58 Granby*

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.