

FILED JUL 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23457

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Monett			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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 303 Third St.			Length of stay in lb 62 Yrs	d. STREET ADDRESS (If outside, give location) 303 Third St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Emma Moss McCaslin				First	Middle	Last	4. DATE OF DEATH Month 7 Day 16 Year 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 10-31-1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 8 Days 15 Hours Min. 	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 Housekeeping	11. BIRTHPLACE (City and state or country) Clarinda, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME J. S. Claiborne				14. MOTHER'S MAIDEN NAME Tobitha Murray			
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. No	17. INFORMANT Stella Claiborne 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) Myocardial degeneration DUE TO (b) Coronary fibrosclerosis 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) Tumor (ca?) of Colon							INTERVAL BETWEEN ONSET AND DEATH 5 1/2 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 _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
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 6-2-54 to 7-16-57 and last saw her/him alive on 7-16-57 Death occurred at 3:45 Pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Kerr MD				22b. ADDRESS Monett		22c. DATE SIGNED 7-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-19-57	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		23d. LOCATION (City, town, or county) (State) Monett, Mo.			
24. FUNERAL DIRECTOR Mercer Funeral Home, Monett, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 7-20-57	26. REGISTRAR'S SIGNATURE Mrs. P.N. Cook		

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-124

DATE REC. 7-22-59

JUL 29 1959

OCT 22 1957

STATEMENT BY LICENSED EMBALMER :

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Roy A. Mercer

Licensed Embalmer No. 44

P. O. Address Monte

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.