

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23473

STATE FILE NUMBER

Registration District No. 11

Primary Registration District No. 5043

Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seligman Sugar Creek Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Seligman</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>evsl</u>	
3. NAME OF DECEASED (Type or print) <u>Stella</u>				First <u>Stella</u>		Middle <u></u>	
				Last <u>Roller</u>		4. DATE OF DEATH <u>8-9-1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8-21-1879</u>	
9. AGE (In years last birthday) <u>78</u>				IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				100. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>		11. BIRTHPLACE (City and state or country) <u>Barry County Mo.</u>	
13. FATHER'S NAME <u>Middleton Babcock</u>				14. MOTHER'S MAIDEN NAME <u>Flora Naylor</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Mrs Vesta Babcock</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary heart disease</u> <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u>Arterio sclerosis + arterial hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>							
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 <u>Aug 8-57</u> to <u>Aug 9-57</u> and last saw her alive on <u>Aug 8-57</u> Death occurred at <u>1:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chas. R. Brown D.O.</u>				22b. ADDRESS <u>Seligman Mo</u>		22c. DATE SIGNED <u>8-10-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>Aug 10-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fort Morgan Colo.</u>		23d. LOCATION (City, town, or county) (State) <u></u>	
24. FUNERAL DIRECTOR <u>Alvers Cassville Mo</u>				ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>8-10-1957</u>	
				26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>			

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dicator, coroner, etc. must use only standard nomenclature in item 18. No symptoms or causes of natural causes. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 857-137

DATE REC. 8-12-57

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 35

P. O. Address Cassville

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.