

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24324

FILED AUG 15 1957

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 24

with, Welfare Public Service

100-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Glasgow</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Length of stay in hospital OR INSTITUTION <u>Lee Hospital 3 wks</u>		d. STREET ADDRESS (If outside, give location) <u>4</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>MARY</u> First <u>Juanita</u> Middle <u>Cuddy</u> Last		4. DATE OF DEATH <u>Aug. 3, 1957</u> Month <u>Aug</u> Day <u>3</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 19, 1901</u>
9. AGE (In years last birth day) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Operator Bell Telephone</u>	
11. BIRTHPLACE (City and state or county) <u>Howard Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Daniel Cuddy</u>		14. MOTHER'S MAIDEN NAME <u>Sadie Hume</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Not available</u>	
17. INFORMANT <u>Miss Hetta Mae Cuddy</u> Address <u>Glasgow Mo</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>Coronary Embolus</u> DUE TO (b) <u>Myocarditis</u> 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) _____	
19. INTERVIEW BETWEEN ONSET AND DEATH <u>2 wks</u> <u>1 yr.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Hour, Month, Day, Year</u> <u>a. m. p. m.</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>7-1-57</u> to <u>8-3-57</u> and last saw her <u>alive</u> on <u>8-3-57</u> Death occurred at <u>1:15 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Bloom M. D.</u> (Degree or title)		22b. ADDRESS <u>Fayette Mo</u>	
22c. DATE SIGNED <u>8-8-57</u>		23a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial Aug. 5, 1957</u>	
23b. DATE <u>Aug. 5, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	
23d. LOCATION (City, town, or county) <u>Glasgow, Mo.</u> (State)		24. FUNERAL DIRECTOR <u>Cuddeley, Fremont</u> ADDRESS <u>Glasgow, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8-15-57</u>		26. REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	

(Licensed Embalmer's Statement on Reverse Side)

1951 9 7 808

SEP 13 1951

SEP 8 1951

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 Charles T. Rankin, Student Embalmer No. 5 working under my personal supervision.

Student Charles T. Rankin
Signature of Student Embalmer

Signed E. W. Freeman

Licensed Embalmer No. 39

P. O. Address Glasgow

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.