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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with an asterisk. 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

FILED AUG 8 1957

STANDARD CERTIFICATE OF DEATH

25328
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 1124

1. PLACE OF DEATH a. COUNTY MACON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JHEARBY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLARENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN HOSP		Length of stay in 1b 7 WKS	d. STREET ADDRESS (If outside, give location) CLARENCE MO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MYRTIE Middle P. Last MENNIS			4. DATE OF DEATH Month JULY Day 8 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 MARCH 24 1868	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) MO MACON COUNTY	
12. CITIZEN OF WHAT COUNTRY? US			13. FATHER'S NAME JAMES PYTHER		
14. MOTHER'S MAIDEN NAME MAGGIE PINTERMAN			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		
16. SOCIAL SECURITY NO. NONE			17. INFORMANT Address Rosetta Turner Anabel 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) Arteriosclerotic Heart Disease DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Cerebral Sclerosis; Malnutrition PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of Breast 4 200H					INTERVAL BETWEEN ONSET AND DEATH
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. Month _____ Day _____ Year _____					
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 intervals June 1950 to July 8, 1957 and last saw her alive on July 8 Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge from the Causes stated.					
22a. SIGNATURE James E. Campbell, M.D. (Degree or title)			22b. ADDRESS Macon Mo.		22c. DATE SIGNED 7/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-10-57	23c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY		23d. LOCATION (City, town, or county) (State) MACON COUNTY MO
24. FUNERAL DIRECTOR Chas V. McCreary		ADDRESS Clarence Mo		25. DATE RECD. BY LOCAL REG. 8/1/57	26. REGISTRAR'S SIGNATURE J. P. McCreary

AUG 9 1957

JUL 28 1958

MAR 28 1967

County File No. 8.51189
Date Filed 8.7.57

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 *Charles V. Green*

Licensed Embalmer No. 48

P. O. Address *Ch...*

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.