

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25716

STATE FILE NUMBER

FILED JUL 17 1957

Registration District No. 282 Primary Registration District No. 5968 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dunnegan R 2 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Dunnegan R 2 <i>0840</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 Mi. S. E. Dunnegan L. Life day in lb		d. STREET ADDRESS SE Dunnegan (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle Olive Last Templin			4. DATE OF DEATH July 6, 1957 Month July Day 6 Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4, 1874
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 4 Days 22 Hours 22 Min. 2	IF UNDER 24 HRS. Hours 2 Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (City and state or country) S. E. of Dunnegan, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Andrew Nathan Hale	
14. MOTHER'S MAIDEN NAME Sarah Jane Nottingham		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. None		17. INFORMANT Address Roy Templin, Dunnegan, 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) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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(n) 4222			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 Hour _____ a. m. _____ p. m. _____			
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 6-19-57 to 7-6-57 and last saw her ^{been} alive on 7-1-57 Death occurred at 11.50 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. E. J. Brown Do		22b. ADDRESS Collins Mo	22c. DATE SIGNED 7-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 8, 1957	23c. NAME OF CEMETERY OR CREMATORY Dunnegan Cemetery	23d. LOCATION (City, town, or county) (State) Dunnegan, Mo.
24. FUNERAL DIRECTOR ADDRESS Erwin & Elue, Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. July 10, 1957	26. REGISTRAR'S SIGNATURE Ralph Gordon

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Marshall C. Blac*.....

Licensed Embalmer No. *4*.....

P. O. Address *Bolivar*.....

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.