

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1957

27223

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 58

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Taney		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forsyth		a. STATE Missouri		b. COUNTY Taney	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Lakeview Rest Home		Length of stay in lb 7 wks		c. CITY OR TOWN Forsyth		Inside Limits Yes () No ()	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First DAISY		Middle MAY		Last MIDDLETON		Month Day Year July 31, 1957	
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 18, 1885	
9. AGE (In years last birthday) 72		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) Christain Co. Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME U.S.G. Ragsdale			
14. MOTHER'S MAIDEN NAME Artelia McHaffie				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 J.C. Middleton Forsyth, 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) Cardiac Decomposition DUE TO (b) Arteriosclerosis DUE TO (c) Sensitivity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500							INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year 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 June 8, 1957 to July 31, 1957 and last saw her alive on 7-31-57 Death occurred at 10:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Mary King, D.O.		22b. ADDRESS Forsyth, Mo.		22c. DATE SIGNED 8-2-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/2/1957		23c. NAME OF CEMETERY OR CREMATORY Ragsdale Cemetery		23d. LOCATION (City, town, or county) (State) Forsyth, Mo	
24. FUNERAL DIRECTOR W. Llobb Forsyth, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 8-3-57		26. REGISTRAR'S SIGNATURE March Chase Spitzer	

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 *Walter S. Cole*.....

Licensed Embalmer No. *47*.....

P. O. Address *San Francisco*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.