. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27273
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Washington township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hosp, Nevada, Mo. — Length of stay in 1b 18-0-28

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Butler — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) unk. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ina Middle: M. Last: Preston

4. DATE OF DEATH Month 7 Day 12 Year 57

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒ sep

8. DATE OF BIRTH 5-19-1882

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 1 Days 23 — IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY x

11. BIRTHPLACE (City and state or country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Newell

13b. MOTHER'S MAIDEN NAME Mary Louise Taylor

14. NAME OF HUSBAND OR WIFE Paul L. Preston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Admission papers Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atheromatous Sclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Manic Depressive Psychosis 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 4-25-55, to 7-12-57 and last saw her alive on 7-12-57
Death occurred at 3:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. ALLEN PICKENS, M.D.

22b. ADDRESS State Hospital No. 3, Nevada, Missouri.

22c. DATE SIGNED 7-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-15-1957

23c. NAME OF CEMETERY OR CREMATORY Oak Hill

23d. LOCATION (City, town, or county) Butler, (State) Missouri.

24. FUNERAL DIRECTOR Culver-Underwood ADDRESS Butler, Mo.

25. DATE RECD. BY LOCAL REG. 7-19-1957

26. REGISTRAR'S SIGNATURE Anna E. Ferris

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Robert T. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, MO

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