

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 27 364
STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 310

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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 Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION K. O. H.		d. STREET ADDRESS 212 N. Franklin St.	
3. NAME OF DECEASED (Type or print) Mary Louise (Mayme) Omer		4. DATE OF DEATH Sept. 3, 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 7, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (City and state or country) Adair County, Mo	
13. FATHER'S NAME Perry Davis		14. MOTHER'S MAIDEN NAME Ella Carney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Helen Omer, Kirksville, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Cephalomacia DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 14 months Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		331X	
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 July 8 1956 to 9/3/57 and last saw her alive on 9/3/57 Death occurred at 6:37 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ed Bentenau, D.O.		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 9/4/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/6/57	
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		23d. LOCATION (City, town, or county) Kirksville, Mo.	
24. FUNERAL DIRECTOR [Signature] ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 9-5-1957	
		26. REGISTRAR'S SIGNATURE Doris W. Rathoff	

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VS FEB 10 1960

APR 22 1958

APR 4 1958

APR 18 1958

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 Richard R. Ellis, Student Embalmer No. 542 working under my personal supervision..

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davol

Licensed Embalmer No. 479

P. O. Address Kingsville

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.