

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 OCT 1 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30750

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Aurora,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent Hosp</u>		Length of stay in 1b <u>12 Days</u>		d. STREET ADDRESS (If outside, give location) <u>510 S. Madison</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) <u>Elizabeth</u>			First <u>McLin</u>			Middle <u>Stair</u>			Last			4. DATE OF DEATH Month <u>Sept.</u> Day <u>8</u> Year <u>1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 19, 1881</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. School Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>			11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13. FATHER'S NAME <u>J. Sammuell Harris</u>						14. MOTHER'S MAIDEN NAME <u>Ann Brunette McLin</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Frank Snyder Monett, Mo.</u> 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) <u>Heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Embolism</u> DUE TO (c) <u>Embolism (cerebral hemorrhage)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>331x</u>												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 <u></u> 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>G. Edwards M.D.</u> (Degree or title)						22b. ADDRESS <u>5th & Belmont Monett, Mo.</u>			22c. DATE SIGNED <u>9/10/57</u> (State)					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City/town or county) (State)							
<u>Burial</u>		<u>9-11-1957</u>		<u>Maple Park Cenetry</u>			<u>Aurora, Missouri</u>							
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE								
<u>Mercer Funeral Home Monett, Mo.</u>				<u>9-16-57</u>		<u>Mrs. P.N. Cook</u>								

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 957-169

DATE REC. 9-23-57

067
1857

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 Roy H. Mercer

Licensed Embalmer No. 44

P. O. Address Monett, Mo.

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.