

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41518

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri		Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		CITY, TOWN OR TOWN Waynesville, Mo.		Inside Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hospital				Length of stay in lb 10 days		d. STREET ADDRESS (If outside, give location) Rural Rt. #	
3. NAME OF DECEASED (Type or print) First Catherine Middle Leola Last Hively				4. DATE OF DEATH Month 10 Day 30 Year 1957			
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14, 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 16	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 None.		11. BIRTHPLACE (City and state or country) Waynesville, Mo Rural Rt. USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Gray.				14. MOTHER'S MAIDEN NAME Mary Elizabeth Graves.			
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 Alice Wickman Richland, 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) pneumonia DUE TO (b) cardio vascular renal disease DUE TO (c) 442 X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						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 1955 to 1957 and last saw her alive on 10-30-57 Death occurred at 9:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS Waynesville, Missouri		22c. DATE SIGNED 11-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov/1/57	23c. NAME OF CEMETERY OR CREMATORY Way. Memorial Cem.		23d. LOCATION (City, town, or county) (State) Waynesville, Missouri		
24. FUNERAL DIRECTOR Hedges Richland, Mo Hedges Funeral Home Way. Mo.				25. DATE RECD. BY LOCAL REG. 11-11-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

RECEIVED 11-16-57
Pulaski County Health Officer
174
File Number
Date Filed 11-11-57

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 *Clarence Thore*.....

Licensed Embalmer No. *4376*

P. O. Address *Waynesville*

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.