

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45036
STATE FILE NUMBER
1-58

FILED JAN 8 1958

Registration District No. 195 Primary Registration District No. 4309 Registrar's No.

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southwest City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Southwest City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Length of stay in lb 96 yrs.	d. STREET ADDRESS (If outside, give location) Main St.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANCIS M. LAUDERDALE			4. DATE OF DEATH 12 - 25 - 57		
5. SEX Male	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 Mar. 25 1861	9. AGE (In years last birthday) 96	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Sulphur Springs Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME F. M. Lauderdale			14. MOTHER'S MAIDEN NAME Nancy Caldwell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give unit or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Faye Killian Jefferson City, 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) Decompensated Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 90 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Chronic Myocarditis					
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) Senility					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 10-7-57 to 10-25-57 and last saw him ^{her} alive on 12-20-57 Death occurred at <input checked="" type="checkbox"/> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. E. Varnack (Degree or title)			22b. ADDRESS M. D. Southwest City, Missouri		22c. DATE SIGNED 12-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-29-57	23c. NAME OF CEMETERY OR CREMATORY Southwest City Cem.		23d. LOCATION (City, town, or county) (State) Southwest City, Mo.
24. FUNERAL DIRECTOR Humphrey & Son Noel, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 3, 1958	26. REGISTRAR'S SIGNATURE Mary A. Bradley	

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 *F. M. Humphrey Jr.*

Licensed Embalmer No. *470*

P. O. Address *Noel 7*

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.