

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Rural</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp,</u>		d. STREET ADDRESS (If outside, give location) <u>3M1 N.W. of Fisk</u>	
Length of stay in 1b <u>2Da</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Cora</u> <i>First</i> <u>CeCelia</u> <i>Middle</i> <u>Mansbridge</u> <i>Last</i>			4. DATE OF DEATH <u>1-2-58</u> Month <u>1</u> Day <u>2</u> Year <u>58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-4-1885</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Month <u>3</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Ladleson Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Henry Untiedt</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Freed</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) -----		
16. SOCIAL SECURITY NO. -----			17. INFORMANT <u>Herby Mansbridge, Fisk, 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>Generalized Arteriosclerosis with Arteriosclerotic Heart Disease & Congestive Failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several Years.</u> <u>Acute</u> <u>Several Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>recurrent Pulmonary Edema.</u> <u>recurrent Recurrent Cardio Vascular Accident.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4200</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		

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>9:20</u> Month <u>1</u> Day <u>2</u> Year <u>58</u> a. m. <u>A.M.</u> p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Poplar Bluff, Missouri</u>	20f. COUNTY <u>Butler</u> STATE <u>Mo.</u>	

21. I attended the deceased from <u>1-1-58</u> to <u>1-2-58</u> and last saw her <u>alive</u> on <u>1-2-58</u> Death occurred at <u>9:20 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>John R. Loughead, M. D.</u> (Deputy title)	22b. ADDRESS <u>Poplar Bluff, Missouri</u>	22c. DATE SIGNED <u>1-8-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shain Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Butler, Co., Mo.</u>
24. FUNERAL DIRECTOR <u>J.C. White</u> ADDRESS <u>Fisk, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1/24/58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

JAN 28 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Raymond L. Duff*

Licensed Embalmer No. *4*

P. O. Address *Berme*

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.