

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1851

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 8

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri Lawrence</u> COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marionville</u>		Inside Limits <u>25</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Gr. Del.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Clara Neill</u> First Middle Last			4. DATE OF DEATH Month Day Year <u>Jan. 11/58</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 18/1884</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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>Self</u>		11. BIRTHPLACE (City and state or country) <u>Wentworth, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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>no</u>	
17. INFORMANT <u>Mrs. Ben Forrester</u>		Address <u>Aurora Mo.</u>		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>Congestive - Heart Disease</u> DUE TO (b) <u>Pneumonia - Bilateral -</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4341</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>Aurora, Mo.</u>		20g. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1946</u> , to <u>Jan. 11-1958</u> and last saw her alive on <u>Jan. 11-1958</u> Death occurred at <u>2:05 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>A. P. Loyette</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Aurora, Mo.</u>	
22c. DATE SIGNED <u>1-12-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/15/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Igo Cemetery</u>		23d. LOCATION (City, town, or county) <u>Marionville Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Marsh Funeral Home Aurora, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/5/1958</u>		26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. MUST use only standard terminology. All diseases in Part I must be causally related.

FEB 13 1958

MAY 28 1958

MAY 28 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Max L. Fossett* .....

Licensed Embalmer No. *4252* .....  
P. O. Address *McKinnon* .....

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.