

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2170

STATE FILE NUMBER

FILED FEB 10 1958

Registration District No. 251

Primary Registration District No. 4373

Registrar's No. 37

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Barnard Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Barnard Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lloyd Strader home Length of stay in 1b 3 yrs. | | d. STREET ADDRESS none (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ELLA Middle CATHERINE Last COOK | | | 4. DATE OF DEATH Month 2 Day 4 Year 58 |
| 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 6/7/67 |
| 10a. USUAL OCCUPATION (Give kind of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Elkhart, Illinois |
| 13. FATHER'S NAME John Adkins | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 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 Mrs. Lloyd Strader, Barnard, 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) massive coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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.) 4201 | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 26 March, 1958 to 2/4/58 and last saw her alive on 4 Feb., 1958 Death occurred at 10:10 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) Chas. D. Hunter, M.D. | | 22b. ADDRESS Barnard, Missouri | 22c. DATE SIGNED 2/5/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 2/7/58 | 23c. NAME OF CEMETERY OR CREMATORY Wubman | 23d. LOCATION (City, town, or county) (State) Pomona California |
| 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. ADDRESS _____ | | 25. DATE RECD. BY LOCAL REG. 2-8-58 | 26. REGISTRAR'S SIGNATURE Bess / bult |

(Licensed Embalmer's Statement on Reverse Side)

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..... *Clem M. Price*

Licensed Embalmer No. *18*.....

P. O. Address *Manlyville*.....

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.