

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004295
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Memphis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR LAUGHLIN		Length of stay in lb 7 days	d. STREET ADDRESS (If outside, give location) -----
3. NAME OF DECEASED (Type or print) First Lulu Middle Pearl Last Daggs			4. DATE OF DEATH Month Feb. Day 17 Year 1958
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 Feb. 22 1892
9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	12. CITIZEN OF WHAT COUNTRY? U S
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Sullivan, Ill.
13. FATHER'S NAME Charles Callahan		14. MOTHER'S MAIDEN NAME Anna Rudy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Okie Dean Bradley, Memphis, 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) Chronic Diffuse Glomerulo-Nephritis		INTERVAL BETWEEN ONSET AND DEATH ?
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) Wremia		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.) _____	
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 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 Feb 11, 1958 to Feb 17, 1958 and last saw her alive on Feb 17, 1958 Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Name or title) A. T. Roads	22b. ADDRESS Kirksville, Mo
22c. DATE SIGNED 2-18-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 19, 1958	23c. NAME OF CEMETERY OR REPOSITORY Bible Grove	23d. LOCATION (City, town, or county) (State) Scotland, Co., Mo.
24. GENERAL DIRECTOR Smith & Baskett		25. DATE RECD. BY LOCAL REG. 2-20-1958	26. REGISTRAR'S SIGNATURE Dore W. Ratliff

300
1-56

ALL symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Novel E. Foster*

Licensed Embalmer No. 4742

P. O. Address Kirksville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.