

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-004338
 State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3312 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>HUDRAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HUDRAN</u>	
b. CITY OR TOWN <u>MEXICO, MO</u>		c. CITY OR TOWN <u>Martinsburg Mo</u> 0040	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>_____</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HILLIIPS NURSING HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u>		b. (Middle) <u>-</u> c. (Last) <u>CLUSTER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-58</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-29-1874</u>
9. AGE (In years last birthday) <u>86</u>		10. A. UNDER 1 YEAR Months <u>0</u> Days <u>9</u>	10. B. UNDER 2 HRS. Hours <u>_____</u> Min. <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	
11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Burgess E. Harten</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Timilty</u>	
14. NAME OF HUSBAND OR WIFE <u>Deid</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT'S SIGNATURE AND NAME <u>Mrs. Lena Cluster</u>		ADDRESS <u>Martinsburg Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Cardiac Decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>many years</u> <u>many years</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 1955</u> to <u>Feb 1958</u> , that I last saw the deceased alive on <u>2-6-58</u> , 1958, and that death occurred at <u>5:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Mexico Mo</u>	
23c. DATE SIGNED <u>2-6-1958</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Benton City</u>		24d. LOCATION (City, town, or county) (State) <u>Benton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6-1958</u>		REGISTRAR'S SIGNATURE <u>Blanche Keely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A.B. Kells</u>		ADDRESS <u>Hellville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2043

10-0

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 _____
Student Embalmer

Signed A. B. Kelle

Licensed Embalmer No. 17-88

P. O. Address Millerville Mo

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 this body is not embalmed, fact should be so stated above.