

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004908

STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 76

Primary Registration District No. 5302

Registrar's No. 4

300
1-57

1. PLACE OF DEATH a. COUNTY Cole-Clark Township		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) / a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Henley, Missouri		c. CITY OR TOWN Henley, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 24 Beside on Farm	
3. NAME OF DECEASED (Type or print) First Middle Last MELITA TREMAIN HONAKER		4. DATE OF DEATH Month Day Year JANUARY 29, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 22, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROADER RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) MARY'S HOME, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHESTER HONAKER		13b. MOTHER'S MAIDEN NAME MELVINA JENKENS	
14. NAME OF HUSBAND OR WIFE MINNIE HO HONAKER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. EARL RUSSELL HENLEY, 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) Acute Nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Hemorrhage DUE TO (c) Chronic Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 72 hours 6 days 11 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 JAN 23, 1958 to Jan 29, 1958 and last saw him ^{him} alive on Jan 29, 1958 Death occurred at 8 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. M. Schubert D.O.		22b. ADDRESS RUSSELLVILLE, MISSOURI	
22c. DATE SIGNED 2-1-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 31, 1958	23c. NAME OF CEMETERY OR CREMATORY HICKORY HILL CEMETERY	23d. LOCATION (City, town, or county) (State) EUGENE, MISSOURI
24. FUNERAL DIRECTOR W. J. Staffer		25. DATE REC'D. BY LOCAL REG. 18 February 1958	26. REGISTRAR'S SIGNATURE R. P. Norris, MD-MR

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 19 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 *W. Steffens*

Licensed Embalmer No. *2307*
P. O. Address *Parsippany*

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.