

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005252

State File No.

No. 300
10.48

FILED FEB 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bithany</u>		c. LENGTH OF STAY (In this place) <u>1 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bithany</u>		d. STREET ADDRESS (If rural, give location) <u>Alder St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mill Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Alder St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Treasure</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-1958</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>1-9-1876</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John T. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McClure</u>		14. NAME OF HUSBAND OR WIFE <u>B. J. Treasure Dec.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lowell Treasure Bithany 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>Pulmonary infarct by</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia bilateral</u> DUE TO (c) <u>Pegolitis</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>2 hrs.</u> <u>10 days</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		6000		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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Dec 18, 1957</u> to <u>2/17, 1958</u> , that I last saw the deceased alive on <u>2/17/58</u> , 1958, and that death occurred at <u>12</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Miriam Leard MD.</u>				23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED <u>2/22/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Hampton Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-22-58</u>		REGISTRAR'S SIGNATURE <u>Zella Mayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Haas Bethany, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

547

APR 17 1956

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 MB Hase

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.