

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005284

STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 736

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Stover	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Rest Home		d. STREET ADDRESS Oak St.	
3. NAME OF DECEASED (Type or print) Vina		4. DATE OF DEATH Feb. 15, 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 May 16, 1870	
9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 8 Days 29 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Morgan County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Braden		14. MOTHER'S MAIDEN NAME Mary Campbell	
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 Arthur Heard		Address Windsor, 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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6 days.
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.(a)			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 <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 Feb 4 58 , to Feb 15 58 and last saw her alive on 2-13-58 Death occurred at 2:15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rays Jordan M.D.		22b. ADDRESS Windsor Mo	
22c. DATE SIGNED 2-21-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 17, 1958	
23c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		23d. LOCATION (City, town, or county) (State) Stover, Mo.	
24. FUNERAL DIRECTOR ADDRESS J. J. Sherman Stover Mo		25. DATE RECD. BY LOCAL REG. 2-24-58	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

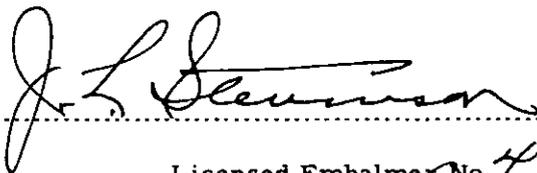
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

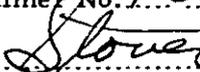
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 40

P. O. Address 

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.