

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

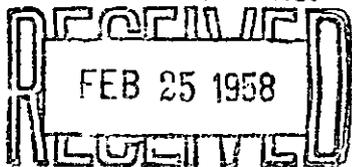
58-006421
STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 206 Primary Registration District No. 5745 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY MADISON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MADISON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILL CREEK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MILL CREEK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STAR ROUTE		Length of stay in lb 5 MONTHS		d. STREET ADDRESS (If outside, give location) STAR ROUTE	
3. NAME OF DECEASED (Type or print) First LULA Middle DAPHNE Last POOLE			4. DATE OF DEATH Month FEB. Day 15, Year 1958		
5. SEX FEMALE	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 APRIL 14, 1920	9. AGE (In years last birthday) 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) BUNKER, MO.	
13. FATHER'S NAME WILLIAM D. LEE			14. MOTHER'S MAIDEN NAME ORA ELLEN ADKINS		
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.		17. INFORMANT L.C. POOLE Address MILL CREEK, 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) Coronary Occlusion, acute.					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
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) Obesity					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 _____ 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 Dec 26, '57 to Feb 15, '58 and last saw her ^{her} him alive on Feb. 15, '58 Death occurred at 7:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles E. Michaels MD			22b. ADDRESS 1355 Mine La Motte Fredericktown Missouri		22c. DATE SIGNED Feb. 17, '58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/19/58	23c. NAME OF CEMETERY OR CREMATORY CITY ... CEMETERY		23d. LOCATION (City, town, or county) (State) POPLAR BLUFF, MO.
24. FUNERAL DIRECTOR NAJIM FUNERAL HOME, ADDRESS FREDERICKTOWN MO.			25. DATE RECD. BY LOCAL REG. 2-17-1958		26. REGISTRAR'S SIGNATURE Armen. Tucker

WADSWORTH COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 258-10

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 Charles McFarley

Licensed Embalmer No. 48

P. O. Address Fredem...

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.