

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-0064777
STATE FILE NUMBER

FILED MAR 13 1958

Registration District No. 210 Primary Registration District No. 5970 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Princeton Township 0610		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *****			Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) Madison TWP.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Ellen Ann Hicks				4. DATE OF DEATH Month 3 - Day 7 - Year 58							
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 Nov. 19--1870		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 3 Days 6 Hours Min. 		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Mercer County, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Henry Kenyon					14. MOTHER'S MAIDEN NAME Ann Armstrong						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Chas. Hicks--Princeton R.F.D. #1						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic myocarditis										INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) arteriosclerosis										20 yrs	
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"/> 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.) 4221								
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 <u>1/1/45</u> to <u>3/7/58</u> and last saw her ^{her} _{been} alive on <u>2/15/58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Ellen W. Harris</i>				(Degree or title) 2		22b. ADDRESS Harris, Mo			22c. DATE SIGNED 9/7/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-9-1958		23c. NAME OF CEMETERY OR CREMATORY Harris Cemetery			23d. LOCATION (City, town, or county) (State) Harris-Mo Rural Mo.				
24. FUNERAL DIRECTOR Martin Funeral Home-Princeton-Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-9-58		26. REGISTRAR'S SIGNATURE <i>Ellen W. Harris</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, ~~or~~ by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James L. Greenlee*

Licensed Embalmer No. *396*

P. O. Address *Linnville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.