

FILED APR 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009403

STATE FILE NUMBER

Registration District No. 114

Primary Registration District No. 486

Registrar's No. 17

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		a. STATE MISSOURI		b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SULLIVAN, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORTASIDE HOSP.		Length of stay in lb 3 DAYS		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First MAUDE		Middle IOLA		Last HARDY		Month MARCH Day 29 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JAN. 13, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 2 Day 16	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		11. BIRTHPLACE (City and state or country) ANTHONIES MILK, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME CHARLES KIMBERLIN			13b. MOTHER'S MAIDEN NAME ELIZA SUMMERS		14. NAME OF HUSBAND OR WIFE NONE			
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 CLYDE HARDY		Address BELLE, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS						2 Days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ARTERIOSCLEROSIS						YEARS		
DUE TO (c) AORTIC INSUFFICIENCY - FIBRILLATION						332X		
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.) 2					
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 1955 , to MAR 29-1958 and last saw her alive on MAR 29-1958 Death occurred at 2 23 PM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Robert M. [Signature] MD			22b. ADDRESS Sullivan Mo		22c. DATE SIGNED MAR 31-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 31, 1958		23c. NAME OF CEMETERY OR CREMATORY IN.O.F. MEMORIAL CEM.		23d. LOCATION (City, town, or county) (State) SULLIVAN, MO.		
24. FUNERAL DIRECTOR H. Eaton			ADDRESS Sullivan		25. DATE RECD. BY LOCAL REG. 3/31-58		26. REGISTRAR'S SIGNATURE Thomas A. [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Levellington, Va*

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.