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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009469

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 197

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1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Albany, MO. 0380 Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Albany HOSPital		Length of stay in lb I Week	d. STREET ADDRESS (If outside, give location) North of Albany Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle IDA Last RALPH			4. DATE OF DEATH Month April Day 6 Year 1958			
5. SEX F /	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 July 29, 1868		9. AGE (In years past birthday) 89	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Gentry CO, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George S. Ralph		13b. MOTHER'S MAIDEN NAME Mary Jane Tweedel		14. NAME OF HUSBAND OR WIFE Joseph Warden	
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 Orpha Grace Address Albany, 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) Chronic myocarditis DUE TO (b) Senility DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 mos.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4222		20c. TIME OF INJURY Hour 2 a.m. 2 p.m. 2
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Albany COUNTY MO STATE MO

21. I attended the deceased from **Mar. 31-58** to **April 6-58** and last saw her alive on **4-6-58**
Death occurred at **10:30 p. m** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. J. Pray, D. O. (Degree or title)	22b. ADDRESS Albany, MO.	22c. DATE SIGNED 4-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Lonestar Cemetry	23d. LOCATION (City, town, or county) (State) Albany MO
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24. FUNERAL DIRECTOR Kermit Pray, Denver, mo	ADDRESS Denver, mo	25. DATE RECD. BY LOCAL REG. 4-10-'58	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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(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.

JUL 27 1962

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.