

Health, Welfare
Public
Service

By J. C. ...
FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010923
STATE FILE NUMBER

Registration District No. *272* Primary Registration District No. *4398* Registrar's No. *10*

300
-57
1

1. PLACE OF DEATH a. COUNTY <i>Deming</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Deming</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Halland</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Halland 0780</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>Ann</i> Last <i>King</i>			4. DATE OF DEATH Month <i>2</i> Day <i>26</i> Year <i>58</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-10-1871</i>	9. AGE (In years last birthday) <i>87</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>10</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Work</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>London Tenn 1</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Bessie Fowler</i> Address <i>Steele Mo 271</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2-24-58</i> <i>2 days</i>
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 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.) <i>0</i>	
20c. TIME OF INJURY Hour _____ 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 <i>2-24-58</i> to <i>2-26-58</i> and last saw her alive on <i>2-24-58</i> Death occurred at <i>10 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm C. Daniel</i>	(Degree or title) <i>MO 0</i>	22b. ADDRESS <i>Steele Mo</i>	22c. DATE SIGNED <i>2-2-58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>2-28-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>mt Zion</i>	23d. LOCATION (City, town, or county) (State) <i>Steele Mo</i>
24. FUNERAL DIRECTOR <i>Samuel ...</i>	ADDRESS <i>Steele Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-15-58</i>	26. REGISTRAR'S SIGNATURE <i>W. J. ...</i>

(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.

3-82-58

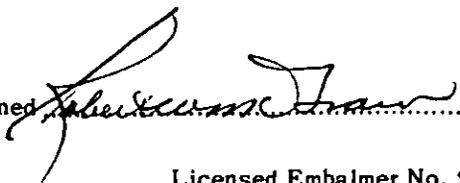
MAR 19 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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. 4732
P. O. Address. Hatch, 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.