

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011177

STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 301 Primary Registration District No. 6041 Registrar's No. 575

Health, Welfare, Public Service
0910
300
-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Naylor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Naylor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Length of stay in 1b years			d. STREET ADDRESS (If outside, give location) Gen. Del.	
3. NAME OF DECEASED (Type or print) SIDNEY		First ARTHUR		Middle MOUTRIE		Last	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		4. DATE OF DEATH Month March Day 6 Year 1958	
8. DATE OF BIRTH April 13, 1883		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10 Days 23		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer (retired)			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and state or country) Ramsey, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Calvin Moutrie				
14. MOTHER'S MAIDEN NAME Eliza Jane Sickels			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 Fred Moutrie Naylor, Missouri				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Thrombophlebitis of Left Leg							INTERVAL BETWEEN ONSET AND DEATH 3 weeks Unknown
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 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 Naylor, Missouri		
21. I attended the deceased from Aug. 1, 1957 to March 6, 1958 and last saw him alive on Mar. 5, 1958 Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. L. Smith (Degree or title) D.O.				22b. ADDRESS Neelyville, Missouri		22c. DATE SIGNED 3-14-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/8/1958		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Naylor, Missouri	
24. FUNERAL DIRECTOR Gene Parrent, Naylor, Mo.			25. DATE RECD. BY LOCAL REG. 3-17-1958		26. REGISTRAR'S SIGNATURE [Signature]		

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 *Gene H. Parent*.....

Licensed Embalmer No. *48*

P. O. Address *Naylor*.....

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.