

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011242

STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Farmington		Inside Limits Yes# No <input type="checkbox"/>		c. CITY OR TOWN Farmington		Inside Limits Yes# 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 914 E. College		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Martha Middle Lucinda Last McDonald				4. DATE OF DEATH Month March Day 18 Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 6, 1879		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 12 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) St. Francois Co., Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alfred Scaggs				14. MOTHER'S MAIDEN NAME Martha Short				
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 Elmer Chapman Farmington, 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 Thrombosis & Rt. Hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) 332X 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 8cb.								
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.)					
20c. TIME OF INJURY Hour Month, Day, Year 								
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 March 10, 1958 to Mar. 18, 1958 and last saw ^{her} alive on Mar 18, 1958 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE R. A. Huestep M.D.				22b. ADDRESS Farmington, Mo		22c. DATE SIGNED 3/20/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/20/58	23c. NAME OF CEMETERY OR CREMATORY Pendleton Cemetery		23d. LOCATION (City, town, or county) (State) Doe Run Missouri			
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.			25. DATE RECD. BY LOCAL REG. Mar. 20, 1958		26. REGISTRAR'S SIGNATURE Esther Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

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Director, coroner, etc. must use only standard nomenclature in item 18. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 _____
Paul K. Dugal

Licensed Embalmer No. *412*

P. O. Address *Farmingdale*

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.