

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012918

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> c. CITY OR TOWN <u>Milan</u> Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Milan</u>		Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sull. Co. Ho. Hosp</u>			Length of stay in 1b <u>23 days</u>	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) First <u>Margaret</u> Middle <u>Ruth</u> Last <u>Murdock</u>				4. DATE OF DEATH Month <u>3</u> Day <u>31</u> Year <u>1958</u>			
5. SEX <u>F</u>	6. COLOR OF RACE <u>w</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-27-1886</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>7</u> Days <u>11</u> Hours <u>4</u> Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bowling Green Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Robert H. High</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Alice Dalzell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-36-2416</u>		17. INFORMANT <u>Pete Murdock</u> Address <u>Milan - Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Cerebral Vascular Disease</u> DUE TO (c) <u>at. new party in</u> 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 <u>5 min</u> <u>25 day</u>	
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.) <u>4201</u>				
20c. TIME OF INJURY Hour <u>2</u> Month <u>2</u> Day <u>2</u> Year <u>1958</u> a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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 <u>Milan Sullivan Mo</u>		COUNTY <u>Sullivan</u> STATE <u>Mo</u>	
21. Attended the deceased from <u>Jan 2/58</u> to <u>March 31/58</u> and last saw her alive on <u>March 4/58</u> . Death occurred at <u>7:35 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joseph S. Schepens M.D.</u>				22b. ADDRESS <u>Milan Mo</u>		22c. DATE SIGNED <u>4/4/58</u>	
23a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		23d. LOCATION (City, town, or county) <u>Milan Mo</u>		(State)
24. FUNERAL DIRECTOR <u>Schepens</u> ADDRESS <u>Milan Mo</u>			25. DATE RECD. BY LOCAL REG. <u>3-7-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		

(Licensed Embolmer's Statement on Reverse Side)

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

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MAY 9 1958

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. 2164

P. O. Address.....

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.