

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012942
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 354 Primary Registration District No. 6197 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>1070</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BURDINE Twp.</u> 'Inside Limits' Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>BURDINE Twp.</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		d. STREET ADDRESS (If outside, give location) <u>RT. 1, MT. GROVE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARILLA</u> Middle <u>ANGELINE</u> Last <u>EASTERHELD</u>			4. DATE OF DEATH Month <u>4</u> Day <u>9</u> Year <u>58</u>		
5. SEX <u>F</u>	6. COLOR OR 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>SEP. 7 - 1895</u>	9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 MRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CENTERVILLE, INDI</u>	
13. FATHER'S NAME <u>HENRY LOVE</u>			14. MOTHER'S MAIDEN NAME <u>ANGELINE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Grace Decker, Mt. Grove</u> Address _____	

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>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
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 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 _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from June 1955 to 4/9/58 and last saw her alive on 4/9/58
Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. H. Spears M.D.</u> (Degree or title)	22b. ADDRESS <u>Cabool, Mo.</u>	22c. DATE SIGNED <u>4/9/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>4-9-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>TANNYHILL CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ARKANSAS CITY, KAN.</u>
24. FUNERAL DIRECTOR <u>ELLIOTT - GENTRY, Cabool, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>4-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Saynell Cunningham</u>

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service, 300, -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be typed. All. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

APR 22 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 *James L. Gentry*

Licensed Embalmer No. 47
P. O. Address *Calool, ..*

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.