

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014874  
STATE FILE NUMBER

FILED MAY 6 1958, Registration District No. 178 Primary Registration District No. 5666 Registrar's No. 35

Health, Welfare & Public Service  
300 1-56  
0569  
All 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 LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MAYWOOD		c. CITY OR TOWN MAYWOOD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXX		d. STREET ADDRESS XXXXXXXXXXXXXXXX	
3. NAME OF DECEASED (Type or print) MAHALA		4. DATE OF DEATH April 28, 1958	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8/24/1897	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9. AGE (In years last birthday) 60	
10a. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX		11. BIRTHPLACE (City and state or country) CANTON, MISSOURI	
13. FATHER'S NAME IRA ELMER KATOR		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME ELIZABETH DeWITT		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT ROBERT JOHNSON MAYWOOD, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension & asthma DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH BRIEF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) DIABES MELLITUS			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 January 26 1958 to 4/28/58 and last saw her alive on April 26 1958. Death occurred at 7:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W R Ellen M.D.		22b. ADDRESS Pasadena MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/30/58	
23c. NAME OF CEMETERY OR CREMATORY MAYWOOD		23d. LOCATION (City, town, or county) MAYWOOD, MO.	
24. FUNERAL DIRECTOR Charles W. Arnold, Sr. Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 5-2-58	
		26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	

**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 *Charles L. Arnold*.....

Licensed Embalmer No. 466

P. O. Address LEWISTOWN

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.