

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014947

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. \_\_\_\_\_ Primary Registration District No. 195 Registrar's No. 3958

health, Welfare Public Service  
300 1-56  
All 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 listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
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1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>McDonald</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lanagan</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>McDonald</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lanagan Rest Home</u>		Length of stay in lb <u>3 mos.</u>		c. CITY OR TOWN <u>Anderson</u>		d. STREET ADDRESS (If outside, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Lorina</u> Middle <u>Eldora</u> Last <u>Meador</u>				Month <u>4</u> Day <u>7</u> Year <u>58</u>			
5. SEX <u>Female</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>2-18-1873</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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 <u>None</u>		11. BIRTHPLACE (City and state or country) <u>State of Kans.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13. FATHER'S NAME <u>William Parks</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Humphrey</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Beulah Testerman</u>		Address <u>Anderson Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Apneumonia</u>							
DUE TO (c) <u>ing bronche</u>							<u>480X</u>
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 _____ 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 COUNTY STATE	
21. I attended the deceased from <u>4/1/58</u> to <u>4/6/58</u> and last saw her alive on <u>4/6/58</u>							
Death occurred at <u>11:26 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>A. Seis No 2</u>				22b. ADDRESS <u>Pineville, Mo</u>		22c. DATE SIGNED <u>4-7-58</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE <u>4-11-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Humphreys Son Anderson Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>April 16, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *F. M. Humphrey Jr.*.....

Licensed Embalmer No. *420*

P. O. Address *Noel*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.