

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015133  
State File No. ....

FILED MAY 5 1958

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4875		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Conception</b>		c. LENGTH OF STAY (in this place) <b>3 1/2 yrs.</b>		c. CITY OR TOWN <b>Conception</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family home</b>				e. STREET ADDRESS (If rural, give location) <b>0740</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		b. (Middle) <b>FRANCIS</b>		c. (Last) <b>ARCHER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 24 58</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4/3/87</b>	
9. AGE (in years last birthday) <b>71</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Vesta Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas E. Archer</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen McDonald</b>			14. NAME OF HUSBAND OR WIFE <b>Agnes Schieber Archer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-42-3633</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Agnes Archer, Conception, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Polycythemia</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>294X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 1958</b> , to <b>Apr. 24, 1958</b> , that I last saw the deceased alive on <b>April 23, 1958</b> , and that death occurred at <b>7 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>4/25/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4/28/58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Columba</b>		24d. LOCATION (City, town, or county) (State) <b>Conception, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5 3 58</b>		REGISTRAR'S SIGNATURE <b>Bess Stult</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0740

22

8561 7 7 1958

Real Estate SA

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 *Clara M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Maryville*

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