

STANDARD CERTIFICATE OF DEATH

58-817159

FILED MAY 9 1958

STATE FILE NUMBER

Registration District No.

374

Primary Registration District No.

4547

Registrar's No.

26

1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Grant City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb Life		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)				First Mabel		Middle C.	
				Last Eighmy		4. DATE OF DEATH April 14, 1958	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 26, 1894	
						9. AGE (In years last birthday) 63	
						IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Grant City, Missouri	
						12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Tom Anderson				13b. MOTHER'S MAIDEN NAME Cora Salisbury			
				14. NAME OF HUSBAND OR WIFE Ed Eighmy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Ed Eighmy - Grant City, Missouri	
						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) Acute Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 6hrs	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.						DUE TO (b) Generalized Arteriosclerotic Cardiovascular Disease	
						DUE TO (c) with partial hemiplegia	
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"/>	
						4201	
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. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 1948 to Apr 14, 1958 and last saw her alive on Apr 12, 1958 Death occurred at 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank B Matteson M D				22b. ADDRESS Grant City, Missouri		22c. DATE SIGNED 4/16/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 17, 1958		23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		23d. LOCATION (City, town, or county) (State) Grant City, Missouri	
24. FUNERAL DIRECTOR Bill J. Dwyer - Grant City				25. DATE RECD. BY LOCAL REG. May 3, 1958		26. REGISTRAR'S SIGNATURE Heather E. Dwyer	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 29 1958

1958 MAY 29

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 Bill A. Dwyer

Licensed Embalmer No. 4908

P. O. Address Grant City

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.