Health, Welfare Public Service

0010

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017210
STATE FILE NUMBER

FILED MAY 10 1958 Registration District No. 1 Primary Registration District No. 4002 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY ADAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRASHEAR — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ADAIR
c. CITY OR TOWN BRASHEAR 0018 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First MARY Middle ETTA Last HENRY
4. DATE OF DEATH Month MAY Day 3 Year 1958
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH Oct. 30, 1874
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ADAIR COUNTY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J. W. HENRY
14. MOTHER'S MAIDEN NAME HELENA SHEPHERD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ELMER HENRY — Address BRASHEAR, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRAGE — INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERAL ARTEREALSCLEROSIS — 10 YRS
DUE TO (c) 331X
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 ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 3 1958 to May 3 '58 and last saw her him alive on MAY 3, 1958
Death occurred at 2:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William H. Klepser (Degree or title) D.O.
22b. ADDRESS EDINA, MISSOURI
22c. DATE SIGNED May 5 58

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE MAY 5, 1958
23c. NAME OF CEMETERY OR CREMATORY BRASHEAR CEMETERY
23d. LOCATION (City, town, or county) BRASHEAR (State) Mo.

24. FUNERAL DIRECTOR Margaret Easley Hundland, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 5-13-58
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

530

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 848

P. O. Address Elmira N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitute's 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.