

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017330

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 14

Health,
Welfare
Public
Service

300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkville 0013 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H. Nursing Home Length of stay in 1b yrs. 4		d. STREET (If outside, give location) ADDRESS 904 E. Harrison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Ardella First D Middle Still Last		4. DATE OF DEATH May 9, 1958 Month May Day 9 Year 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 Apr. 10, 1879
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 29	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 Home	11. BIRTHPLACE (City and state or country) Kirkville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Thomas J. Dockery	
14. MOTHER'S MAIDEN NAME Julia Linder		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. No		17. INFORMANT Address Mrs. Oren Stafford, Waterloo, Ia	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple cerebral artery thrombosis			INTERVAL BETWEEN ONSET AND DEATH weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) cerebral artery sclerosis			years
DUE TO (c) 332XH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arterio-sclerotic heart disease. Carcinoma right breast			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 8/30/56 to 5/8/58 and last saw her alive on 5/8/58 . Death occurred at 11:55 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree if M.D.) Dr. L. Ward MD		22b. ADDRESS Centralia, Mo.	22c. DATE SIGNED 5/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/12/58	23c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	23d. LOCATION (City, town, or county) (State) Kirkville, Mo
24. FUNERAL DIRECTOR Paul M. Piley, Kirkville Mo ADDRESS		25. DATE RECD. BY LOCAL REG. May 15 - 1958	26. REGISTRAR'S SIGNATURE Maud Mc Bride

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 *George W. Daver*.....

Licensed Embalmer No. *47*.....

P. O. Address *Kirkland*.....

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.