

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017976

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 25

300  
1-571  
461  
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1. PLACE OF DEATH a. COUNTY <u>Haskell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Haskell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hutton Valley 0466</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Heinrich Rest Home</u>		Length of stay in lb <u>mths.</u>	d. STREET ADDRESS (If outside, give location) <u>l</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mollie</u> Middle <u>Jedder</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Dec. 14, 1873</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>home</u>	11. BIRTHPLACE (City and state or country) <u>Steelville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Snoddy</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Houston</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) <u>No</u> (Give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Forest Miller, Kansas City, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> <u>arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u>		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.)
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20c. TIME OF INJURY Hour _____ o.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
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21. I attended the deceased from <u>1/13/58</u> to <u>1/26/58</u> and last saw her <u>alive</u> on <u>5/5/58</u> Death occurred at <u>Home</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>J. Callahan M.D.</u> (Degree or title)	22b. ADDRESS <u>West Plains, Missouri</u>	22c. DATE SIGNED <u>5/22/58</u>
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23a. BURIAL, CREMATION, REMOVAL (See 21f)	23b. DATE <u>5/9/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest Cemetery</u>	23d. LOCATION (City, town, or county) <u>Birch Tree, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Duncan Funeral Home</u>	ADDRESS <u>Wm. View, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-26-58</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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. ....

under my personal supervision.

Student .....

Signature of Student Embalmer

Signed *Richard A. Horton* .....

Licensed Embalmer No. *5029* .....

P. O. Address *Wm. Veiv* .....

Note: This 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.