

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018919

STATE FILE NUMBER

FILED MAY 21 1958

Registration District No. 181

Primary Registration District No. 4294

Registrar's No. 34

Health, Welfare, Public Service

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-57

570

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

550

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silex		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Silex
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Nellie Middle Myser Last Mann			4. DATE OF DEATH Month May Day 6 Year 1958
5. SEX F	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 Feb 15, 1874
9. AGE (In years) at birthday 84		IF UNDER 1 YEAR Months 2 Days 21	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 none	11. BIRTHPLACE (City and state or country) Lincoln County, Mo.
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Henry Myser	13b. MOTHER'S MAIDEN NAME Permelia Frances Cobb
14. NAME OF HUSBAND OR WIFE Ples Mann		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 Mrs. Bill Parrish		Address Silex, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mitral Regurgitation			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) chronic Bronchial asthma			
DUE TO (c) 241X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			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 July 30-57 to May 5-58 and last saw her alive on May 5-1958 Death occurred at 6:00 AM Silex Mo m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. M. Penn - M.D.	(Degree or title)	22b. ADDRESS Silex Mo.	22c. DATE SIGNED May 7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-8-58	23c. NAME OF CEMETERY OR CREMATORY Indian Creek Cemetery	23d. LOCATION (City, town, or county) Silex, Missouri
24. FUNERAL DIRECTOR J. O. Mudd	ADDRESS Bowling Green, Mo.	25. DATE RECD. BY LOCAL REG. 5/19/58	26. REGISTRAR'S SIGNATURE Trus Clarence Kientz

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 James O. Mudd _____

Licensed Embalmer No. 4152 _____

P. O. Address Beverly Hills _____

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.