

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019167

STATE FILE NUMBER

FILED JUN 2 1958		Registration District No. 264		Primary Registration District No. 4394		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <u>Bart</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bart</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bakersfield</u> Inside Limits Yes ☐ No ☒				c. CITY OR TOWN <u>Bakersfield</u> Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u> Length of stay in lb <u>4 yrs</u>				d. STREET ADDRESS (If outside, give location) <u>✓</u> Reside on Farm Yes ☐ No ☐			
3. NAME OF DECEASED (Type or print) First <u>Mae</u> Middle <u>Jane</u> Last <u>Hall</u>				4. DATE OF DEATH Month <u>5</u> Day <u>5</u> Year <u>58</u>			
5. SEX <u>7</u> 1		6. COLOR OR RACE <u>W</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>4-24-1900</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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>✓</u>		11. BIRTHPLACE (City and state or country) <u>Fulton Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>M.W. Joyce</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Vaughan Carter Hall</u>			
14. NAME OF HUSBAND OR WIFE <u>✓</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>✓</u>				16. SOCIAL SECURITY NO. <u>✓</u>			
17. INFORMANT <u>✓</u> Address <u>Parler Hall, Bakersfield, Mo</u>							
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>44 poststatic pneumonia</u> DUE TO (b) <u>Intraabdominal pressure</u> DUE TO (c) <u>Pseudomucinous cystadenoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>216X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>216X</u>				
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u></u>		
21. I attended the deceased from <u>9-22-56</u> to <u>5-5-58</u> and last saw her alive on <u>5-5-58</u> Death occurred at <u>3:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Blair Storey</u>				22b. ADDRESS <u>Bakersfield Mo</u>		22c. DATE SIGNED <u>5-10-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>175</u>		23b. DATE <u>5/8-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Free Union</u>		23d. LOCATION (City, town, or county) (State) <u>Leola Mo</u>	
24. FUNERAL DIRECTOR <u>Libertine West Hall</u> ADDRESS <u>Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5/8/58</u>		26. REGISTRAR'S SIGNATURE <u>Thans Mahan</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958 JUN 2

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 *A. T. Roberts*

Licensed Embalmer No. 3433
P. O. Address Lee, O. Fla.

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.