

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020583

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Marshall 0972</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>534 E Tea</i>			Length of stay in 1b <i>2 yr</i>			d. STREET ADDRESS (If outside, give location) <i>534 E Tea</i>		
3. NAME OF DECEASED (Type or print) <i>GERTRUDE</i>		First <i>ETHEL</i>		Middle <i>MOORE</i>		Last		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept. 10, 1889</i>		
9. AGE (In years last birthday) <i>68</i>		10. UNDER 1 YEAR Months <i>6</i> Days <i>8</i>		11. BIRTHPLACE (City and state or country) <i>Wichita Kans</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (City and state or country)		
13. FATHER'S NAME <i>Samuel Lyman McDevitt</i>				14. MOTHER'S MAIDEN NAME <i>Ella Jane Tudors</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Henry C. Moore</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Desufficiency</i>						<i>5 min.</i>		
DUE TO (c) <i>4201</i>								
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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 <i>May 14</i> to <i>never</i> and last saw her alive on <i>never</i> . Death occurred at <i>Missouri</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>H. Hershberger</i> (Degree or title) <i>mo</i>				22b. ADDRESS <i>Marshall Mo</i>		22c. DATE SIGNED <i>5/15</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5-17-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Shalom Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Saline Co. Mo.</i>		
24. FUNERAL DIRECTOR <i>Harry Hershberger</i>			ADDRESS <i>Marshall Mo</i>		25. DATE RECD. BY LOCAL REG. <i>5-16-58</i>		26. REGISTRAR'S SIGNATURE <i>Cecil J. Read</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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..... *Harry Hershberger*

Licensed Embalmer No. *438*

P. O. Address *Marshall*

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.