

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020676
State File No.

FILED MAY 20 1958

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 16196 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Sherrell</u>		c. CITY OR TOWN <u>Licking</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>5 Mi. S of Licking Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>May</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 21, 1874</u>	9. AGE (In years last birthday) <u>83-</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>	13. MIN. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Tex</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>O. F. Payne</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Chipman</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Len Wilson</u>	ADDRESS <u>Licking Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac & pulmonary arrest.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cachexia & debilitation</u>		
	DUE TO (c) <u>Carcinomatous</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sarcoma of the bone with wide spread metastasis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1969</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1957, 1957, to May 3, 1958, that I last saw the deceased alive on 11:30 pm, May 3, 1958, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers DO</u> (Degree or title)	23b. ADDRESS <u>Licking Mo</u>	23c. DATE SIGNED <u>5-5-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4-7-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 8, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elvora Hesse</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u>	ADDRESS <u>Licking Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Erbert E. Ferguson*.....

Licensed Embalmer No. *3911*.....

P. O. Address *Dickinson*.....

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.