

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020767

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Downing</u> 0980 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		Length of stay in 1b <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>Independence Twp.</u>

3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>Frances</u> Last <u>Pindell</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</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>April 1, 1887</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Scotland Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Frank Harbison</u>	14. MOTHER'S MAIDEN NAME <u>Sarah E. Jacobs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mary Pindell, LaHarpe, Ill.</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>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>possibly 2 wks.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic congestive heart failure</u>		unknown diagnosed 3 yrs previously
	DUE TO (c) <u>Chronic auricular fibrillation</u>		

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? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>0</u>
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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.) <u>4301</u>
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20c. TIME OF INJURY Hour <u>3:45</u> Month, Day, Year <u>June 21, 1958</u> a. m. <u>A.M.</u> 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 <u>Kirkville, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from <u>June 21, 1958</u> to <u>June 22, 1958</u> and last saw her alive on <u>June 22, 1958</u> Death occurred at <u>3:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated
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22a. SIGNATURE <u>Dorothy E. Sawyer D.O.</u> (Degree or title)	22b. ADDRESS <u>Kirkville, Mo.</u>	22c. DATE SIGNED <u>6-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>
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24. FUNERAL DIRECTOR <u>More Funeral Home, Downing, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-23-1958</u>	26. REGISTRAR'S SIGNATURE <u>Dorothy E. Sawyer</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, cause, date, time, place, and manner of death must be ascertained and recorded. Coroner cannot certify to a death due to natural causes.

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 *Neal Payne*.....

Licensed Embalmer No. *75*

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.