

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020824  
STATE FILE NUMBER

FILED JUN 18 1958

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		c. CITY OR TOWN <b>Maysville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hosp.</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>PANSY</b> Middle <b>BIRD</b> Last <b>COATS</b>		4. DATE OF DEATH Month <b>June</b> Day <b>14</b> Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 9, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>
13a. FATHER'S NAME <b>Edward Downs</b>		13b. MOTHER'S MAIDEN NAME <b>Della Reid</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Vance E. Cridling-Cassville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> DUE TO (b) <b>Adenocarcinoma of Cervix Uteri</b> DUE TO (c) <b>171X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b> <b>1 yr.</b>
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 death from <b>June 13, 1958</b> to <b>June 14, 1958</b> and last saw her alive on <b>June 14, 1958</b> Death occurred at <b>5:06 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <b>Vance E. Cridling, D.O. Cassville, Mo.</b>		21b. ADDRESS <b>Cassville, Mo.</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		22c. DATE SIGNED <b>6-14-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>6-14-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Stoupe Funeral Home</b>		23d. LOCATION (City, town, or county) (State) <b>Winston, Missouri</b>	
24. FUNERAL DIRECTOR <b>Culver's</b>		25. DATE RECD. BY LOCAL REG. <b>6-14-1958</b>	
ADDRESS <b>Cassville, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NO. 658-140

DATE REC. 6-17-58

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 Paul D. Henbest .....

Licensed Embalmer No. 45-76 .....

P. O. Address Cassville, Mo .....

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.