

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022373
State File No.

FILED JUL 7 1958

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4254 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0520</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u>		b. (Middle) <u>ELIA</u>		c. (Last) <u>SONGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1958</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 6, 1884</u>		9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months <u>7</u>	11. IF UNDER 12 HRS. Days <u>0</u>	12. IF UNDER 1 MIN. Hours <u>0</u>	13. IF UNDER 1 MIN. Minutes <u>0</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>Housewife</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Knox City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Calvin Little</u>		13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>David A. Songer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dallas O. Songer</u>	
				ADDRESS <u>Edina, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 months</u> <u>1 month</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>calculi</u> DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</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>4500</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 18, 1958, to June 30, 1958, that I last saw the deceased alive on June 30, 1958, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dallas O. Songer M.D.</u>		23b. ADDRESS <u>Gibson Hospital Edina</u>		23c. DATE SIGNED <u>7-1-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 2, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Knox City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. ...</u>		ADDRESS <u>Edina, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 9</u>		REGISTRAR'S SIGNATURE <u>Hella A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. ...</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

150

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. 5041

working under my personal supervision.

Student
Student Embalmer

Signed *A. J. Rimmer*

Licensed Embalmer No. 5041

P. O. Address *Edina, 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 this body is not embalmed, fact should be so stated above.