

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022582  
STATE FILE NUMBER

8  
FILED JUN 30 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Center, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				Length of stay in lb <b>2Wks</b>		d. STREET ADDRESS <b>Center, Mo.</b> (If outside, give location)		
3. NAME OF DECEASED (Type or print) First <b>DOCIA</b> Middle <b>L.</b> Last <b>HOWARD.</b>				4. DATE OF DEATH Month <b>June</b> Day <b>17</b> Year <b>1958</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>12-21-1879</b>		9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		
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>Ralls County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Cliff Haden.</b>				14. MOTHER'S MAIDEN NAME <b>Fannie Fuqua</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>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Lend D. Howard.</b> Address <b>Center, 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>pulmonary embolus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>fract femur</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> <b>2 wks</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 _____ 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 <b>6/5/58</b> to <b>6/17/58</b> and last saw her alive on <b>6/17/58</b> . Death occurred at <b>8:30</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>R Mattony</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Hannibal, Missouri</b>		22c. DATE SIGNED <b>6-19-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-19-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Barkley Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>New London, Missouri.</b>			
24. FUNERAL DIRECTOR <b>Olyde C. Perry, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>6/20/58</b>		26. REGISTRAR'S SIGNATURE <b>Dr. Tom Lucke By M. C. Fisher</b>		

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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

RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 26 1958

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 *Clyde C. Wiersey*  
Licensed Embalmer No... 382

P. O. Address..... Perry, Mi

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.