

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022961
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 301 Primary-Registration District No. 6042 Registrar's No. 396

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oxly.</u>		c. CITY OR TOWN <u>Oxly.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>7 Months.</u>		0910	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>Reba Loraine Venable.</u>			4. DATE OF DEATH Month Day Year <u>June 4, 1958.</u>		
--	--	--	--	--	--

5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 10, 1915.</u>	9. AGE (In years last birthday) <u>42.</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------------	-----------------------------------	---	---	---	---	--------------------------------

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 <u>House wife.</u>	11. BIRTHPLACE (City and state or country) <u>Pittsburg, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>Joe F. Atwood.</u>	13b. MOTHER'S MAIDEN NAME <u>Neva Edith Newman.</u>	14. NAME OF HUSBAND OR WIFE <u>A.E. Jack Venable.</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>42-10-10000</u>	17. INFORMANT <u>A.E. Jack Venable, 625 E. 1st St.</u>
---	---	---

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 occlusion.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis.</u>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Marked obesity; history of longstanding hypertension.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

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 <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 not attended and last saw her alive on _____
Death occurred at 10:30 am 6-4-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>William S. Bennett D.O. 2</u>	22b. ADDRESS <u>Doniphan, Missouri</u>	22c. DATE SIGNED <u>6/7/58</u>
--	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>June 8, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Varner Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Oxly, Ripley Co, Missouri.</u>
---	----------------------------------	---	--

24. FUNERAL DIRECTOR <u>Ray Meares Doniphan Mo.</u>	ADDRESS <u>6-21-58</u>	25. DATE RECD. BY LOCAL REG. <u>6-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Johnston</u>
--	---------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 16. No symptoms will be listed. All diseases in Part I must be causally related.

300
1-57

1

123

(Deputy)

JUL 2 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 *Ray Meamer*

Licensed Embalmer No. *3743*

P. O. Address *Doniphan*

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.