

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024255

STATE FILE NUMBER

| | | | | |
|---|--------------------------------|---|---|--|
| FILED JUN 23 1958 | | Registration District No. 324 | Primary Registration District No. 6093 | Registrar's No. 98 |
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Marshall Township | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 M NW Marshall | | Length of stay in 1b 14 Yrs. | d. STREET ADDRESS (If outside, give location) 4 M NW Marshall | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) IDA | | First REBECCA | Middle MOORE | Last |
| 4. DATE OF DEATH June 18, 1958 | | Month | Day | Year |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 29, 1891 | 9. AGE (In years last birthday) 67 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Saline Co. Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Marion Wood | | 14. MOTHER'S MAIDEN NAME Octavia Perkins | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no. or unknown) (If yes, give year or dates of service) No None | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT W.L. Moore R 3 Marshall, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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) 4201 | | | | INTERVAL BETWEEN ONSET AND DEATH Inst. |
| 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 _____ to _____ and last saw her alive on _____ Death occurred at 5:47 p.m. - 1958 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE P. L. Lawless, M.D., Coroner-Saline Co. | | 22b. ADDRESS Marshall | 22c. DATE SIGNED 6-18-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 20, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery | 23d. LOCATION (City, town, or county) (State) Marshall, Missouri | |
| 24. FUNERAL DIRECTOR Sweeney-Ross Funeral Home Marshall | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 6-19-58 | 26. REGISTRAR'S SIGNATURE Cecil J. Reed |

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service

300
1-56

All

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

MEDICAL CERTIFICATION

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.....
Jack Riser

Licensed Embalmer No. *467*

P. O. Address *Marshall*

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.