

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024889

STATE FILE NUMBER

FILED AUG 15 1958

Registration District No. 62 Primary Registration District No. 4408 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY, (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton		c. CITY OR TOWN Stockton <u>0200</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION West St.		d. STREET ADDRESS (If outside, give location) East St.	

3. NAME OF DECEASED (Type or print) First MARY Middle BELLE Last CARDWELL			4. DATE OF DEATH Aug. 1, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Month 10 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Chariton County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Fellows	13b. MOTHER'S MAIDEN NAME Martha Crutchfield	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bea Richardson, Stockton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 days
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) 331X		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 _____ a.m. _____ p.m. _____	Month, Day, Year —

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 —
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21. I attended the deceased from **July 27-58** to **Aug. 1-58** and last saw her alive on **Aug. 1-58**
Death occurred at **12:40 PM** on the **1st** date stated above; and to the best of my knowledge, on the causes stated.

22a. SIGNATURE D. O. [Signature]	22b. ADDRESS Stockton Mo.	22c. DATE SIGNED 8-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Brasher Cemetery	23d. LOCATION (City, town, or county) Cedar County, Mo.
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24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 9-1958	26. REGISTRAR'S SIGNATURE Janeva Garrison
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John A. Cantler*

Licensed Embalmer No. *4387*

P. O. Address *Stockton, 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.