

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025298
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 74

300
1-57
470
0

1. PLACE OF DEATH a. COUNTY <u>IRON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>IRONTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PIEDMONT 1110</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>HOSPITAL OR INSTITUTION</u> <u>ST MARY'S</u>		Length of stay in lb <u>3 WKS</u>	d. STREET ADDRESS (If outside, give location) <u>✓</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>KATY</u> Middle <u>VERN</u> Last <u>KRIDER</u>			4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>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>SEPT 5, 1911</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Month <u>9</u> Day <u>28</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>		11. BIRTHPLACE (City and state or country) <u>AVA, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>ACE E POTTER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E GATES</u>		14. NAME OF HUSBAND OR WIFE <u>AUDY KRIDER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>486-24-2663</u>		17. INFORMANT <u>AUDY KRIDER</u> Address <u>PIEDMONT, MO</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>Embolyem - Renal & cerebral arteries - ?</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Post operative 8 days -</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)					INTERVAL BETWEEN ONSET AND DEATH <u>8 days -</u>
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 <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 <u>6-16-58</u> to <u>7-3-58</u> and last saw her <u>alive</u> on <u>7-3-58</u> Death occurred at <u>11</u> <u>4</u> <u>1</u> m on the date stated above; and, to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Stuart M. [unclear] M.D.</u>			22b. ADDRESS <u>Piedmont Mo.</u>		22c. DATE SIGNED <u>7-7-58</u>
23a. BURIAL, CREMATION, RECOVERY (Specify) <u>BURIAL</u>		23b. DATE <u>7-6-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u>
24. FUNERAL DIRECTOR <u>NORMAN W. BISH</u>		ADDRESS <u>PIEDMONT Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Annie Jones</u>

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

VS DEC 7 1960

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marvin E Bowles.....

Licensed Embalmer No. 4426.....

P. O. Address Piedmont.....

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.