

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026091

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. ³³⁵ 3052 164

Primary Registration District No. ~~3052~~ 3032

Registrar's No. 2096

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrensburg 0516		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center		Length of stay in lb 10 Min	d. STREET ADDRESS (If outside, give location) RFD 5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Elizabeth Squires			4. DATE OF DEATH Month Day Year August 3, 1958		
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 Aug. 29, 1870		9. AGE (In years at last birthday) 87
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) Houstonia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Metcalf Smith		13b. MOTHER'S MAIDEN NAME Catherine Kelly		14. NAME OF HUSBAND OR WIFE Frank Squires	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Margaret Brown, Warrensburg, Mo. Address RFD 5		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric thrombosis DUE TO (b) Thrombosis superior mesenteric artery DUE TO (c) Arterio sclerosis abdominal aorta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH 18 hours 18 hrs years
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 <u>8-2-58</u> p. <u>7:55</u> and last saw her alive on <u>8-3-58</u> Death occurred at <u>7:55</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>D. Ledere</i> (Degree or title) M.D.			22b. ADDRESS Warrensburg, Mo.		22c. DATE SIGNED 8-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5 Aug 58	23c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery		23d. LOCATION (City, town, or county) (State) La Monte, Missouri
24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo.			25. DATE RECD. BY LOCAL REG. Aug. 4 1958		26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.