

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028067
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Atlanta 0610 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRIM-SMITH HOSPITAL		Length of stay in 1b 5 Days	d. STREET ADDRESS (If outside, give location) 6 Mi W. Atlanta Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ora Middle Cecelia Last Main			4. DATE OF DEATH Month 8- Day 13 Year 58			
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 11-18-86	9. AGE (In years past birthday) 71	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Macon Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Wiggins		13b. MOTHER'S MAIDEN NAME Josie Mason		14. NAME OF HUSBAND OR WIFE Roy Lafayette Main	
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. 489-42-0087B		17. INFORMANT Mr Roy Main Address La Plata, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis.			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rupture of gall bladder.		
	DUE TO (c) Acute cholecystitis. 585X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Kirksville, Missouri	COUNTY Macon	STATE Missouri
21. I attended the deceased from 8-8-58 to 8-13-58 and last saw her alive on 8-13-58		Death occurred at 1:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>Ora W. Hasselblad</i> (Degree or title) M. D.	22b. ADDRESS 112-201 East Patterson Ave. Kirksville, Missouri	22c. DATE SIGNED 8-14-58
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Steel Cemetery	23d. LOCATION (City, town, or county) (State) Macon County, Missouri
--	----------------------------------	---	--

24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-19-1958	26. REGISTRAR'S SIGNATURE <i>Doris W. Patliff</i>
---	---------	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

350

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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address ..La..Plata...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.