

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028078
STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR KIRKSVILLE K. O. H.		d. STREET ADDRESS R. F. D. 2	

3. NAME OF DECEASED (Type or print) First Katherine Middle Lizzie Last Willis			4. DATE OF DEATH Month Sept. Day 2 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. STATUS WIDOWED <input checked="" type="checkbox"/> OTHER	8. DATE OF BIRTH Oct. 10 1871	9. AGE (In years to birthday) 88	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Lebanon Co. Penn. 1	
13. FATHER'S NAME Jacob L. Edris			14. MOTHER'S MAIDEN NAME Katherine Sherk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Non No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Myrtle Willis, Rt. 2, Kirksville, 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) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerotic Heart Dx +		
DUE TO (c) Toxic Myocarditis 5501		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Peritonitis due to Ruptured Appendix		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2
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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 3:50 Month Aug Day 29 Year 1958	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 Kirksville		COUNTY Adair STATE Mo

21. I attended the deceased from **Aug 29, 1958** to **Sept 2** and last saw her alive on **Sept 1, 1958**
Death occurred at **3:50 a m** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. McManey D.O.	(Degree or title) 2	22b. ADDRESS Kirksville Mo	22c. DATE SIGNED 9-2-58
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23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 9-3-58	23c. NAME OF CEMETERY OR CREATION Mulberry	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
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24. FUNERAL DIRECTOR Novak Foster	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 9-2-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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Health, & Welfare Public Service
300 1-56
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. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Nova E. Foster*.....
Nova E. Foster
Licensed Embalmer No. 4742
Kirksville, Mo.
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.