

pt. Health,  
& Welfare  
S. Public  
H Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028636

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5319 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clifton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clifton City</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION		Length of stay in b. <u>7 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>1027 1/2</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>AMERICA-VIRGINIA-NEEDY</u>			4. DATE OF DEATH Month Day Year <u>Aug. 13, 1958</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 15, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Pilot Grove, Mo</u>
13a. FATHER'S NAME <u>John Madley</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah (unknown)</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and years of service)		16. SOCIAL SECURITY NO. <u>none</u>	14. NAME OF HUSBAND OR WIFE <u>James F. Needy</u>
17. INFORMANT <u>F. S. Needy, Clifton City, Mo</u>			Address
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>Jaundice Rt. Lower Lg</u> <u>Diabetes Mellitus.</u> DUE TO (b) <u>260 X</u> DUE TO (c) <u>360 X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerotic CV Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Several</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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT <input type="checkbox"/> NOT 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>6-29-58</u> to <u>8-13-58</u> and last saw her alive on <u>8-12-58</u> Death occurred at <u>3 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. S. Siegel MD</u> (Degree or title)		22b. ADDRESS <u>Smithton Mo</u>	
22c. DATE SIGNED <u>8/15/58</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>Aug 15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Atterville Mo</u>
24. FUNERAL DIRECTOR <u>Hays - Hunter</u> ADDRESS <u>Atterville</u>		25. DATE RECD. BY LOCAL REG. <u>8/15/58</u>	26. REGISTRAR'S SIGNATURE <u>H. Hooper</u>

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 *Robert L. Painter* .....

Licensed Embalmer No. *4069* .....  
P. O. Address *Ottumwa, Ia* .....

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.