Health, Welfare Public Service

520 3

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029501
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 169 Primary Registration District No. 5624 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: KNOX
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HURDLAND — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): S.W. HURDLAND — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: KNOX
c. CITY OR TOWN: HURDLAND 0520 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LUCY Middle Last PLATZ
4. DATE OF DEATH: Month AUG. Day 24 Year 1958
5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: MAR. 5, 1868
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): KNOX
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: BENJAMIN POWER
14. MOTHER'S MAIDEN NAME: ANNA LAMB
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT: MRS. ROY PIERCE, Address: HURDLAND, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Heart Attack
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Was in Car accident & Had shock
DUE TO (c): Partly to extreme age
INTERVAL BETWEEN ONSET AND DEATH: 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4344F
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) In Car accident.
20c. TIME OF INJURY: Hour a. m. p. m. 10 Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): On highway
20f. CITY, TOWN, OR LOCATION: COUNTY Macon STATE Mo

21. I attended the deceased from Aug 21, to Aug 24 and last saw her/him alive on Aug 22
Death occurred at Aug 24 7P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H M Humphrey
22b. ADDRESS: 912 E. Orchard Kirksville
22c. DATE SIGNED: Aug 25

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)
23b. DATE: AUG. 26, 1958
23c. NAME OF CEMETERY OR CREMATORY: BRASHEAR CEMETERY
23d. LOCATION (City, town, or county) (State): BRASHEAR Mo.

24. FUNERAL DIRECTOR: Mrs. Margaret Easley — ADDRESS: Hurdland Mo.
25. DATE RECD. BY LOCAL REG.: Aug 29
26. REGISTRAR'S SIGNATURE: Nelle S. Hunolt

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. KK

P. O. Address Elm, M

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.