

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029563
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 181 Primary Registration District No. 56-7-6 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silex		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Silex 0570	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Silex		Length of stay in lb Lifetime		d. STREET ADDRESS RFD Silex	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD ALLEN BLACK				4. DATE OF DEATH Month Day Year July 9 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26 1883		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Millwood, Mo.	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Edward Black		13b. MOTHER'S MAIDEN NAME Mary Stanek	
14. NAME OF HUSBAND OR WIFE None		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. 497 440541	
17. INFORMANT Address Joe Black Silex, 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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) Bronchiectasis		DUE TO (c) 526X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 WORK <input type="checkbox"/> 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 Oct 10-1957 to July 9-1958 and last saw him alive on July 9-1958 Death occurred at Silex Mo. on the 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) F. M. Penn. M. D.	
22b. ADDRESS Silex mo.		22c. DATE SIGNED July 10 '58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 12 58		23c. NAME OF CEMETERY OR CREMATORY St Alphonus		23d. LOCATION (City, town, or county) Millwood Mo.	
24. FUNERAL DIRECTOR ADDRESS J.O. Mudd Silex, Mo.		25. DATE RECD. BY LOCAL REG. 8-11-1958		26. REGISTRAR'S SIGNATURE Mrs Clarence Kientz	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 8 1959

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 James C. Mull

Licensed Embalmer No. 4152

P. O. Address Bowling Hall

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.