

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029688

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton Inside Limits Yes# No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital Length of stay in 1b 7-days

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Mercer
c. CITY OR TOWN Princeton 06500 Inside Limits Yes# No
d. STREET ADDRESS (If outside, give location) ***** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) Frances Ann Glore First Middle Last
4. DATE OF DEATH Month 8 Day II Year 58

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH June 28-1880 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months I Days 13 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 Home 11. BIRTHPLACE (City and state or country) Wayne County --Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Johnnie Shepherd 14. MOTHER'S MAIDEN NAME Evaline Housely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none 16. SOCIAL SECURITY NO. none 17. INFORMANT Willard Glore--Kansas City--Mo. 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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 7 da.
DUE TO (b) Hypertension 10 yrs
DUE TO (c) Arteriosclerosis 12 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES NO 21

20a. ACCIDENT **SUICIDE** **HOMICIDE** **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 WORK NOT WHILE AT WORK **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 8-25-58 to 8-11-58 and last saw her alive on 8-11-58
Death occurred at 9:55 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Byron I. Axtell D.O. **22b. ADDRESS** 2 Princeton, Mo. **22c. DATE SIGNED** 8-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 8-13-58 **23c. NAME OF CEMETERY OR CREMATORY** Princeton-Cemetery **23d. LOCATION** (City, town, or county) (State) Princeton--Missouri

24. FUNERAL DIRECTOR ADDRESS Martin Funeral Home--Princeton Mo. **25. DATE RECD. BY LOCAL REG.** 8-12-58 **26. REGISTRAR'S SIGNATURE** [Signature]

[Signature]
(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

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 *L. E. Agbell*.....

Licensed Embalmer No. *502*

P. O. Address *Punnett*

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.