

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031495
STATE FILE NUMBER

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

FILED AUG 18 1958		Registration District No. 381		Primary Registration District No. 6178		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Duncan Twp			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Milan 1050		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b 1 yr	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Hulda Katherine Philippos				4. DATE OF DEATH Month Day Year 8-14-58			
5. SEX FM 1	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-27-1867	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 10 Days 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sullivan Co Mo		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Cyrus L Maggart				14. MOTHER'S MAIDEN NAME Isobel McCully			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) W		16. SOCIAL SECURITY NO. -		17. INFORMANT Mrs. Jonath Seaman Address Browning 116			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4500						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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		COUNTY	STATE
21. I attended the deceased from 1956 to 8-14-58 and last saw her alive on 8-11-58. Death occurred at 6:30 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. W. Simpson D ² (Degree or title)				22b. ADDRESS Milan		22c. DATE SIGNED 8-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-17-58	23c. NAME OF CEMETERY OR CREMATORY Oakwood		23d. LOCATION (City, town, or county) Milan		STATE Mo	
24. FUNERAL DIRECTOR SCHWENK S ADDRESS			25. DATE RECD. BY LOCAL REG. 8-15-58		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckwith		

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gurght Schoene*.....

Licensed Embalmer No. *2667*

P. O. Address *Mulan, W*

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.