. Health,
& Welfare
. Public
h Service

S. 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

58-031587
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 312

FILED OCT 14 1958

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: Grim-Smith — Length of stay in 1b: Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☐ X No ☐
d. STREET ADDRESS (If outside, give location): 710 N. Davis St. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Ida Belle Middle: Husted Last:

4. DATE OF DEATH: Month Oct. Day 5 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: March 5 1870

9. AGE (In years last birthday): 88 — 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): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Macon Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James M. Mason

14. MOTHER'S MAIDEN NAME: Martha Griffen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT Address: Florence Calley, Chicago, Ill.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial hypertension — unknown
DUE TO (c) 331 X

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 ☐ NO X

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 a. m. p. m. 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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-24-58, to 10-5-58 and last saw her/~~him~~ alive on 10-5-58
Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.

22b. ADDRESS: Kirksville, Mo.

22c. DATE SIGNED: 10-6-58

23a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial

23b. DATE: Oct. 7 1958

23c. NAME OF CEMETERY OR ~~CREMATORY~~: LaPlata

23d. LOCATION (City, town, or county) (State): LaPlata, Macon, Mo.

24. FUNERAL DIRECTOR: Grant Foster — ADDRESS: Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.: 10-6-58

26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Nova E. Foster
Nova E. Foster
Licensed Embalmer No 4742.

P. O. Address Kirksville,

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.