

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031606

STATE FILE NUMBER

Health,  
& Welfare  
Public  
Service

S. 300  
v. 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 OCT 6 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Kirksville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Keosauqua</b> 8140 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>K. O. H.</b>		d. STREET ADDRESS (If outside, give location) <b>2 Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Ann</b> Last <b>Trueblood</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>1</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARITAL STATUS <b>WIDOWED</b>	8. DATE OF BIRTH <b>Feb. 11 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Henry Co. Iowa</b>
13. FATHER'S NAME <b>David S. Mills</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Hockett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>Vern Trueblood, Kirksville, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Arterio Sclerosis 4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Hypertensive Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs,</b> <b>years</b> <b>years</b>
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 <b>Hour</b> 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 <b>9/25/58</b> to <b>10/1/58</b> and last saw her <b>her</b> alive on <b>10/1/58</b> Death occurred at <b>2:27 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. Kuterian D.O.</b>		22b. ADDRESS <b>Kirksville Mo.</b>	22c. DATE SIGNED <b>10/2/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>Oct. 4 1958</b>	<b>Quaker Cedar</b>	<b>Henry, Co. Iowa</b>
24. FUNERAL DIRECTOR <b>Frank Foster</b> Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. <b>10-2-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Pataff</b>

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.....  
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. (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.