

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032003

STATE FILE NUMBER

FILED OCT 7 1958

Registration District No. 55

Primary Registration District No. 30.11

Registrar's No. 77

S. 300
1-57

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lexington 0542 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzell Hospital		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 114 N. 14th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rebecca Middle Last Hough			4. DATE OF DEATH Month Sept. Day 21 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 76 FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11a. FATHER'S NAME Jack Gray		11b. MOTHER'S MAIDEN NAME Isabelle Kisner	11. BIRTHPLACE (City and state or country) Henry Co. Missouri
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. none	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jack Gray		14. NAME OF HUSBAND OR WIFE Marion Hough (dec)	
17. INFORMANT Wilson Hough		Address Richmond, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebral Hemorrhage, Epilept.			INTERVAL BETWEEN ONSET AND DEATH 3 hrs
DUE TO (b) Acute Myocardial Infarction & Pulmonary Edema			6 hrs
DUE TO (c) Hypertension & Atherosclerosis			20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Deceased had had diabetes for past 6 yrs.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Death occurred at 2:40 PM August 18 to Sept 21 1958 and last saw her/him alive on Sept 21, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) J. C. Deltran		22b. ADDRESS 1110 1/2 Main St. Lexington Mo	22c. DATE SIGNED 9/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/23/1958	23c. NAME OF CEMETERY OR CREMATORY Macpelah Cemetery	23d. LOCATION (City, town, or county) (State) Lexington, Missouri
24. FUNERAL DIRECTOR Quest-Life Funeral Home		ADDRESS Richmond Missouri	25. DATE RECD. BY LOCAL REG. 9/23/58
		26. REGISTRAR'S SIGNATURE Mrs. Herbert Calvert	

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 *Morris D. Bailey*

Licensed Embalmer No. *4887*

P. O. Address *Richmond*

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.