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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032182
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 93 Primary Registration District No. 5334 Registrar's No. 58-67

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood TWP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home 4mi n — Length of stay in 1b: yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Dade
c. CITY OR TOWN: Lockwood Rt2 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4mi N.E — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Hulda — Middle: Ann — Last: Pelley

4. DATE OF DEATH: Month Sept — Day 21 — Year 1958

5. SEX: F — **6. COLOR OR RACE**: W — **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Feb 8 1870 — **9. AGE** (In years last birthday): 88 — IF UNDER 1 YEAR: Months 7, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife — **10b. KIND OF BUSINESS OR INDUSTRY**: Farmer — **11. BIRTHPLACE** (City and state or country): Kansas — **12. CITIZEN OF WHAT COUNTRY?**: usa

13a. FATHER'S NAME: John N Wills — **13b. MOTHER'S MAIDEN NAME**: Lucy Jane Hazen — **14. NAME OF HUSBAND OR WIFE**:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — **16. SOCIAL SECURITY NO.**: none — **17. INFORMANT**: Ralph Searcy Address: Lockwood Mo rt2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: one month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerosis — ± 5 years.
DUE TO (c): 4500
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 ☒

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 9-19-58, to 9-21-58 and last saw (he) him alive on 9-21-58
Death occurred at 9:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Elmer W. Taylor — (Degree or title): MD. — **22b. ADDRESS**: 807 Main St Lockwood, Mo — **22c. DATE SIGNED**: 9-26-58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 9-24-58 — **23c. NAME OF CEMETERY OR CREMATORY**: Lockwood — **23d. LOCATION** (City, town, or county) (State): Lockwood Mo

24. FUNERAL DIRECTOR: W.R. Allison — ADDRESS: Greenfield Mo. — **25. DATE RECD. BY LOCAL REG.**: 9/30/1958 — **26. REGISTRAR'S SIGNATURE**: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 ..... Signed W.R. Allison
Signature of Student Embalmer

Licensed Embalmer No. 4404
P. O. Address Greenfield

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.