

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033485

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 204 Primary Registration District No. 2047 Registrar's No. 40

300
1-57

1. PLACE OF DEATH a. COUNTY MADISON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI ; b. COUNTY MADISON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 MAPLE DRIVE		Length of stay in lb 62 years	d. STREET ADDRESS 1 MAPLE DRIVE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First STERLING Middle ELIJAH Last IVY			4. DATE OF DEATH SEPT. 23, 1958 Month SEPT. Day 23 Year 1958		
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 13, 1894	9. AGE (In years at birthday) 64	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY CLOTHING	11. BIRTHPLACE (City and state or country) BOLLINGER COUNTY MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME STERLING MONROE IVY		13b. MOTHER'S MAIDEN NAME SARAH J. SITZE		14. NAME OF HUSBAND OR WIFE MAY IVY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-36-3985	17. INFORMANT Address MRS. MAY IVY, FREDERICKTOWN, 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) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 90 MIN
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) Slight Arterio Sclerosis					?
DUE TO (c) 4201					
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 1 1/2 Hour Sept. 23 1958 and last saw him alive on Sept. 23 1958 Death occurred at 10.30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>S. C. Slaughter M.D.</i> (Degree or title)			22b. ADDRESS 135 W. Main Fredericktown		22c. DATE SIGNED 9/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/26/58	23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY		23d. LOCATION (City, town, or county) FREDERICKTOWN, MISSOURI (State)	
24. FUNERAL DIRECTOR SAM NAJIM, JR., FREDERICKTOWN, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-26-1958	26. REGISTRAR'S SIGNATURE <i>Therence Hicks</i>	

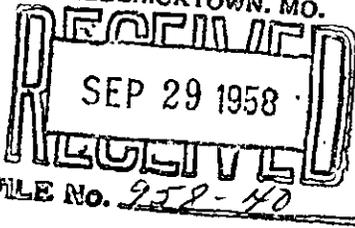
(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3900 100
MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



MS NOV 2 1958
MS DEC 2 1959

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 Charles McPart

Licensed Embalmer No. 4852
P. O. Address Fredricktown

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.