

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033667

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 265 Primary Registration District No. 5888 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big Creek		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 07709 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 5 years	d. STREET ADDRESS (If outside, give location) Big Creek Twp Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Otis Middle Ratio Last Recond			4. DATE OF DEATH Month 10 Day -1 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1896		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY OWN	11. BIRTHPLACE (City and state or country) OAKLAND, AN KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ratio Recond			14. MOTHER'S MAIDEN NAME Rebekah Medlock		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 523-10-1138	17. INFORMANT Bessie Recond, Lutie, Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST -		INTERVAL BETWEEN ONSET AND DEATH 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General debility, dehydration, electrolyte R weeks imbalance, uremia, liver failure -		
DUE TO (c) CARCINOMA pancreas - generalized metastasis 6-8 mo -		
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"/> 2

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 157X 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 Grimesville, Mo	COUNTY Ozark	STATE Ark.
21. I attended the deceased from 1 July 58 to 1 Oct 58 and last saw ^{her} him alive on 1 Oct 58 Death occurred at 9:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Arthur L. Beard, MD		22b. ADDRESS Grimesville, Mo		22c. DATE SIGNED 2 Oct. 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-5-58	23c. NAME OF CEMETERY OR CREMATOR Price Burial Co. Ark	23d. LOCATION (City, town, or county) (State) Ozark County, Ark.
24. FUNERAL DIRECTOR Clint King Beard - Batesville, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 2 - 58.	26. REGISTRAR'S SIGNATURE Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
277
300 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All 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

OCT 7 1956

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 *John R. Cherry*

Licensed Embalmer No. 488

P. O. Address *Camden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.