

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036146
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 132 Primary Registration District No. 5480 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DAVISS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN JAMESPORT
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2		Length of stay in 1b 7 weeks	d. STREET ADDRESS (If outside, give location) R.F.D.
3. NAME OF DECEASED (Type or print) First Middle Last MAYbelle - STRINE			4. DATE OF DEATH Month Day Year Sept. 17 1958
5. SEX female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 2, 1897
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) ALVA, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MARION STRINE	
13b. MOTHER'S MAIDEN NAME MARGARET Kirkendall		14. NAME OF HUSBAND OR WIFE NEVER MARRIED.	
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. —	17. INFORMANT Address Giff STRINE Jamesport, 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 of L. ventricle DUE TO (b) Small & large Bowel DUE TO (c) Atherosclerosis of Artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750			INTERVAL BETWEEN ONSET AND DEATH 3 mo 1 1/2 mo 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 . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Sept 5 - 8 to Sept 17 - 18 and last saw her alive on Sept 16 - 18 Death occurred at 11:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. B. Bailey D.D. (Degree or title)		22b. ADDRESS Jamesport Mo	22c. DATE SIGNED 9-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Sept 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Jamesport Memorial	23d. LOCATION (City, town, or county) (State) Jamesport Mo.
24. FUNERAL DIRECTOR J. Gordon Blackmore	ADDRESS Trenton, Mo	25. DATE REC'D. BY LOCAL REG. 10/22/58	26. REGISTRAR'S SIGNATURE J. Gene Saw

(Licensed Embalmer's Statement on Reverse Side)

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Oct 30 1958

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 *Claude H. Crandall*

Licensed Embalmer No. *4986*

P. O. Address *Trenton N.J.*

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.