. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036877
STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): DeSoto — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1019 So. Third — Length of stay in 1b: 11 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: DeSoto USC 2 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1019 So. Third St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Hattie Middle: McFarland Last: Rambo
4. DATE OF DEATH: Month Oct. Day 9 Year 1958
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 6, 1877
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): DeSoto, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John McFarland
13b. MOTHER'S MAIDEN NAME: Mary Thomas
14. NAME OF HUSBAND OR WIFE: Verne Rambo
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: Verne Rambo Address: DeSoto, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gen. arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Jan 1, 1953 to Oct 9, 1958 and last saw her alive on Oct 9, 58
Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Earl V. Hoffmeister (Degree or title) MD
22b. ADDRESS: DeSoto Mo
22c. DATE SIGNED: Oct 9, 58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/12/58
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): DeSoto, Mo.
24. FUNERAL DIRECTOR: J. Lee Mothershead ADDRESS: DeSoto, Mo.
25. DATE RECD. BY LOCAL REG.: 10-14-1958
26. REGISTRAR'S SIGNATURE: Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Use only standard nomenclature in Item 18. No symptoms will be listed.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
OCT 18 1958

JUN 16 1961

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 J. E. McPherson

Licensed Embalmer No. 3531

P. O. Address DeSoto

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.