

83478-58

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-037026

STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 185

300
 1-57

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		c. CITY OR TOWN Troy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial		d. STREET ADDRESS (If outside, give location) 0570	
3. NAME OF DECEASED (Type or print) First HARRIETTE Middle ANN Last MATHEWS		4. DATE OF DEATH Month November Day 4 Year 1958	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 3, 1958
9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 0 Days 10 Hours 10 Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (City and state or country) Troy MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chas Mathews Jr.		13b. MOTHER'S MAIDEN NAME Mary Ruth Higgins	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Chas Mathews Jr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital heart anomaly		INTERVAL BETWEEN ONSET AND DEATH 18 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		7545	
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 Troy MO.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from Nov. 3 to Nov. 4 and last saw her alive on Nov. 4 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.T. Kelly (Dr. or title)		22b. ADDRESS Troy MO.	
22c. DATE SIGNED Nov. 5-58		22d. COUNTY	
22e. STATE		22f. CITY, TOWN, OR LOCATION	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 5, 1958	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Forest Hill Mo.	
24. FUNERAL DIRECTOR D.W. McLaughlin		25. DATE RECD. BY LOCAL REG. 11-5-1958	
26. REGISTRAR'S SIGNATURE Charlotte Leek		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John Empeland, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Dee McCoy

Licensed Embalmer No. 3586
P. O. Address Tray Mo

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.