

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037195

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PARIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>PARIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>127 RUBY ST.</b>			Length of stay in 1b <b>8 YRS.</b>		d. STREET ADDRESS (If outside, give location) <b>123 RUBY ST</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BELLE</b> Middle <b>T.</b> Last <b>VANCE</b>				4. DATE OF DEATH Month <b>OCT.</b> Day <b>26</b> Year <b>1958</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 3, 1878</b>	9. AGE (In years last birthday) <b>80</b>	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) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or country) <b>MONROE Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>WILLIAM THRELKELD</b>				14. MOTHER'S MAIDEN NAME <b>MARY M. PATRICK</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT Address <b>MRS. CARL DAWSON, PARIS, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Heart Disease</b> DUE TO (b) <b>Dementia</b> DUE TO (c) <b>4201</b> 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)							INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>
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 _____ 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 <b>PARIS, Mo.</b>			STATE <b>Mo.</b>
21. I attended the deceased from <b>OCT 24, 58</b> to <b>OCT. 26, 1958</b> and last saw her alive on <b>OCT. 26, 1958</b> Death occurred at <b>3:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or title) <b>Wm M. Ruppel M.D.</b>				22b. ADDRESS <b>PARIS, Mo.</b>		22c. DATE SIGNED <b>10-27-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-27-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>PARIS, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>SPEED &amp; BLAKEY PARIS, MISSOURI</b>			25. DATE RECD. BY LOCAL REG. <b>10/27/58,</b>		26. REGISTRAR'S SIGNATURE <b>J. A. Barnetson, D.</b>		

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *E. H. Agnew*.....

Licensed Embalmer No. *400*.....

P. O. Address *PARIS, MISSOURI*.....

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.