

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038600
State File No. 53

FILED NOV 12 1958

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>612</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>Peoria</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Galena, Washington</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Peoria, Ill.</u>		d. STREET ADDRESS <u>8120</u> (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				Oct 29-1958			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Smith</u>		b. (Middle) <u>Frank</u>		c. (Last) <u>Ames</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>29</u> (Year) <u>1958</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 6-1879</u>		9. AGE (In years, if under 1 year last birthday) <u>79</u> Months <u>6</u> Days <u>23</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Plasterer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Peoria, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Marj Hathaway</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Ames - Crane 900 87-2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>1</u> YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>4201</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Myrta Mae Ames, M.D.</u>				23b. ADDRESS <u>Galena, Mo.</u>		23c. DATE SIGNED <u>30 Oct 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 2 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springdale</u>		24d. LOCATION (City, town, or county) (State) <u>Peoria, Ill.</u>	
DATE REC'D BY LOCAL REG <u>Oct. 30 - 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. E. Elmer Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett L. Cheatham, 8844</u>			

per Debra Murray (Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed

Everett J. Cheatham

Licensed Embalmer No. *3870*

P. O. Address *Galena 9*

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 this body is not embalmed, fact should be so stated above.