

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038786

STATE FILE NUMBER

FILED DEC 12 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Audrain		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Mexico Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri		b. COUNTY Audrain	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 6 months		c. CITY OR TOWN Laddonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS				(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First George		Middle Allen		Last Self		Month Day Year 12-5-1958	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-17-1874	
9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired interior decorator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ralls County Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Thomas H. Self		14. MOTHER'S MAIDEN NAME Fowler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES Spanish-American None		16. SOCIAL SECURITY NO.		17. INFORMANT William Self Laddonia, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure							INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) arteriosclerotic heart disease		DUE TO (c) Generalized arteriosclerosis		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Acute Pyelonephritis right kidney							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 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 June 1958 , to Dec 5-1958 and last saw him alive on Dec 5-1958 Death occurred at 10: P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles D. Lanford M.D.				22b. ADDRESS Mexico Mo		22c. DATE SIGNED 12-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-7-1958		23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery		23d. LOCATION (City, town, or county) (State) Laddonia, Missouri	
24. FUNERAL DIRECTOR William Bienholz Laddonia, Mo				25. DATE RECD. BY LOCAL REG. Dec. 7-1958		26. REGISTRAR'S SIGNATURE Blanche Neely	

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
HAROLD D. LANFORD, M.D.

MEDICAL CERTIFICATION

DEC 23 1958

JAN 23 1959

DEC 23 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..... *Clyde C. Wickham*

Licensed Embalmer No..... *5*

P. O. Address..... *Perry*

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.