

70

FILED DEC 9 1958 Registration District No. 132 Primary Registration District No. Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marble Hill</u>		c. CITY OR TOWN <u>Bell City</u> 1.300 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile EAST MARBLE HILL</u>		Length of stay in lb <u>3 mo</u>	
3. NAME OF DECEASED (Type or print) <u>Callie</u>		4. DATE OF DEATH Month <u>NOV</u> Day <u>27</u> Year <u>1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 6, 1866</u>	
9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u> Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (City and state or country) <u>Belle Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William ACUFF</u>		14. MOTHER'S MAIDEN NAME <u>Lucy CRUTCHFIELD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Tom BRIDGER</u>		Address <u>Bell City, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Assemin</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Cardiovascular arteriosclerotic disease</u> DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
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.) <u>None</u>	
20c. TIME OF INJURY. Hour <u></u> a. m. <u></u> p. m. <u></u> Month, Day, Year <u>None</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
20e. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>		20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>5/10/58 to 5/27/58</u> and last saw her alive on <u>11/22/58</u> Death occurred at <u>4:15 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>John H. Hyslop M.D.</u>	
22b. ADDRESS <u>2 Luterale Mr</u>		22c. DATE SIGNED <u>11/29/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/29/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Providence Cem.</u>		23d. LOCATION (City, town, or county) <u>Providence TENN</u>	
24. FUNERAL DIRECTOR <u>Coy Shetty Bell City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crider</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service
000

800
-56

↑ 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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Charles E. Mum

Licensed Embalmer No. 4

P. O. Address.....
Poplar

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.