

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040703

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 100 Primary Registration District No. 3041 Registrar's No. 109

S. 300 4
1-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>South Gifford Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Taylor Resthome</u>		Length of stay in 1b	d. STREET ADDRESS <u>0610</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>Alice</u> Last <u>Kessinger</u>			4. DATE OF DEATH Month <u>November</u> Day <u>4</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 7 1863</u>	9. AGE (In years last birthday) <u>95</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>28</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Marshalltown Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John W. Lagle</u>		13b. MOTHER'S MAIDEN NAME <u>Lavina Sears</u>		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)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Clarence Kissinger South Gifford 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>toxemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>thrombosis of left femoral artery</u>					<u>5 days unknown</u>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>454X</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.)			
20c. TIME OF INJURY Hour _____ 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 COUNTY STATE	
21. I attended the deceased from <u>Aug. 26, 1958</u> to <u>Nov. 3, 1958</u> and last saw her/him alive on <u>Nov. 3, 1958</u> Death occurred at <u>10:55 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>G. L. Dunsden D.O. 2</u> (Degree or title)			22b. ADDRESS <u>Macon, Missouri</u>		22c. DATE SIGNED <u>11-7-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 6 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		23d. LOCATION (City, town, or county) (State) <u>Macon County Mo</u>
24. FUNERAL DIRECTOR <u>W. H. McCallister</u>		ADDRESS <u>South Gifford Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11/16/58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth McGeely</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Date Filed 11-18-58

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 *A. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.