

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043373

STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 93 Primary Registration District No. 3007 Registrar's No. 713

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-57

I am a member of the Missouri State Board of Health and I hereby certify that the information furnished on this certificate is true and correct to the best of my knowledge and belief. I am a duly licensed embalmer in the State of Missouri.
 Director of Funeral Home
 2-9-59 Del

1. PLACE OF DEATH a. COUNTY <i>Butler</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Poplar Bluff</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Bloomfield</i> ^{10 30}		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Poplar Bluff Hosp.</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Margaret</i> Middle <i>E.</i> Last <i>Hyslop</i>			4. DATE OF DEATH Month <i>Dec.</i> Day <i>26</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 25 1885</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Scott Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Jasper Trotter</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Winchester</i>		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) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Elizabeth Cooper Fort Wayne Ind</i> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Colon</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<i>1538</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 _____ 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 <i>11-21-58</i> to <i>12-26-58</i> and last saw her/him alive on <i>12-26-58</i> Death occurred at <i>7:15 p.m.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Sam S. Davis, M.D.</i> (Degree or title)			22b. ADDRESS <i>Poplar Bluff Mo</i>		22c. DATE SIGNED <i>12-27-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-28-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dexter</i>		23d. LOCATION (City, town, or county) (State) <i>Dexter Mo</i>	
24. FUNERAL DIRECTOR <i>Gloyd Morgan Puxico Mo</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>12/27/58</i>	26. REGISTRAR'S SIGNATURE <i>R. H. Newstead</i>	

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 *W^m H. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.