

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043671

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 100 Primary Registration District No.

3018

Registrar's No. 108

300
1-57

1. PLACE OF DEATH a. COUNTY Dent			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 6331
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Length of stay in 1b vrs	d. STREET ADDRESS East 5th		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Martha Ellen Stites			4. DATE OF DEATH Month Day Year Dec 11 1958		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 2 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days 11 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Wm Nichols		13b. MOTHER'S MAIDEN NAME Eliza Gideon		14. NAME OF HUSBAND OR WIFE John Stites	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT Address Mrs Frank Southers Salem 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) HEPATITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA of HEAD of PANCREAS DUE TO (c) malnutrition					INTERVAL BETWEEN ONSET AND DEATH (CLINICAL IMPRESSION)
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					157X
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 11-10-58 to 12/10/58 and last saw her alive on 12/10/58 Death occurred at 10.20 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. J. Bass MD (Degree or title)			22b. ADDRESS Salem Mo.		22c. DATE SIGNED 12/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-13-58	23c. NAME OF CEMETERY OR CREMATORY Mt Herman Cem		23d. LOCATION (City, town, or county) (State) Dent Co Mo
24. FUNERAL DIRECTOR Spencer Funeral Home		ADDRESS		25. DATE RECD. BY LOCAL REG. 12/11/58	26. REGISTRAR'S SIGNATURE M. M. Hart, M.D. by A.M.

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.

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 Carl H. Spurr
Licensed Embalmer No. 2370
P. O. Address Salem, N.H.

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.