

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044871
STATE FILE NUMBER

200

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JAN 13 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Michigan COUNTY Van Buren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Paw Paw 8210 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION STILL-Hildreth 2yr. 6mo.		d. STREET ADDRESS (If outside, give location) 2yr. 6mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First FLOVA Middle A. Last NOTESTINE			4. DATE OF DEATH Month 12 Day 22 Year 58		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/9/70	9. AGE (In years at day) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Osteopathic Physician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kirksville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Notestine		13b. MOTHER'S MAIDEN NAME Marion A. Hildreth		14. NAME OF HUSBAND OR WIFE	
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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.	17. INFORMANT Mrs. A.G. Hildreth	Address Macon, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Thrombotic Encephalomalacia DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 32x
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.)		
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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 MACON, MO.	COUNTY MACON	STATE MO.
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21. I attended the deceased from 6/13/56 to 12/22/58 and last saw her ^{her} alive on 12/22/58 Death occurred at 3:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Nancy S. Still D.O.	(Degree or title)	22b. ADDRESS MACON, MO.	22c. DATE SIGNED 12/22/58
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23a. BURNAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/24/58	23c. NAME OF CEMETERY OR CREMATORY Forest Cem.	23d. LOCATION (City, town, or county) (State) Kirksville Mo.
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24. FUNERAL DIRECTOR Hester Brum	ADDRESS Macon, Mo.	25. DATE RECD. BY LOCAL REG. 1/7/59	26. REGISTRAR'S SIGNATURE Wanda Mueely
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All diseases in Part I must be causally related.
 None added by query of funeral director.
 USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE 2-1-59

MEDICAL CERTIFICATION

Date Filed 1-12-59

APR 19 1961

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 *R. L. Bunn*

Licensed Embalmer No. *4472*
P. O. Address *Mason, 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.