

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044934

STATE FILE NUMBER

FILED DEC 17 1958 Registration District No. 211 Primary Registration District No. 5777 Registrar's No.

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Equality		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Tuscumbia 0660
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi - N-W-Tuscumbia		Length of stay in lb 23 yrs	d. STREET ADDRESS (If outside, give location) 3 mi - N-W-Tuscumbia -
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Missouri JANE - M^{rs}. CASLAND			4. DATE OF DEATH Month Day Year Dec - 12 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 JAN - 1868	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House - Wife		10b. KIND OF BUSINESS OR INDUSTRY At - Home	11. BIRTHPLACE (City and state or country) Miller - Co - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Andrew - Mathews		13b. MOTHER'S MAIDEN NAME MARY - JANE - Schrimager		14. NAME OF HUSBAND OR WIFE Otto Martin, Tuscumbia, Mo.		
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 Otto Martin, Tuscumbia, 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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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.) None	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None		

20d. INJURY OCCURRED WHILE AT WORK <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.) None	20f. CITY, TOWN, OR LOCATION None	COUNTY None	STATE None
21. I attended the deceased from Death occurred at July 1954 , to Dec 1958 and last saw her alive on Oct. 15, 1958 at 15:54 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE M.E. Humphreys	(Degree or title) DO	22b. ADDRESS Tuscumbia Mo	22c. DATE SIGNED 13 Dec - 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 14 Dec - 58	23c. NAME OF CEMETERY OR CREMATORY Tuscumbia -	23d. LOCATION (City, town, or county) (State) Tuscumbia Mo

24. FUNERAL DIRECTOR Keith M. Kays	ADDRESS ELDON MO	25. DATE RECD. BY LOCAL REG. December 13, 1958	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach
--	----------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

Miller County
Health Department

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 *Keith M. Kays*
Licensed Embalmer No. *399*
P. O. Address *Eldon 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.