

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045161

STATE FILE NUMBER

JAN 13 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 5

300
1-57

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bowling Green</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u> Length of stay in 1b		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 Middle Last ANTIE JEWELL HUME 4. DATE OF DEATH Month Day Year Dec 21 1959

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH JAN 15 1899 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) PIKE CO. MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BENJAMIN GROSS 13b. MOTHER'S MAIDEN NAME MARY EDWARD 14. NAME OF HUSBAND OR WIFE JAMES J. HUME

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 James J. Hume Address Bowling Green 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) Uremia INTERVAL BETWEEN ONSET AND DEATH 1 week
DUE TO (b) Arteriosclerotic cardiovascular renal disease 5 yrs
DUE TO (c) Arteriosclerotic diabetes 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 260x

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. —

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 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 1956 to 12/21/58 and last saw her alive on 12-21/58
Death occurred at 11:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Jewell M.D. 22b. ADDRESS Louisiana, Mo. 22c. DATE SIGNED 1-9-59

23a. BURIAL, CREATION, REMOVAL (Specify) Burial 23b. DATE Dec 23 1959 23c. NAME OF CEMETERY OR CREMATORY Bowling Green 23d. LOCATION (City, town, or county) (State) Bowling Green Mo

FUNERAL DIRECTOR Grace Bonhead ADDRESS Bowling Green 25. DATE RECD. BY LOCAL REG. Jan 10 59 26. REGISTRAR'S SIGNATURE Arthur Collier

(License of Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL MEASURES 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 *Harold C. Kerk*

Licensed Embalmer No. *4547*

P. O. Address *Bowling Green*

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.