

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045162
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 164

300
-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLARKSVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) PIKE CO HOSPITAL		Length of stay in lb 3 WKS	d. STREET ADDRESS (If outside, give location) RFD #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle MARIE Last LOVE			4. DATE OF DEATH Month DEC Day 20 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1949	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months 0 Days 20	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during last 12 months, or if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and state or country) LOUISIANA-MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BYRON G. LOVE	13b. MOTHER'S MAIDEN NAME ELLA BELL MARIE GRIFFITH.	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)	16. SOCIAL SECURITY NO. 2042	17. INFORMANT BYRON G. LOVE Address CLARKSVILLE
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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) Hemorrhage into respiratory tree		INTERVAL BETWEEN ONSET AND DEATH 3 hr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Monocytic Leukemia		15 mo.
	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.)
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20c. TIME OF INJURY Hour 11:45 Month, Day, Year	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 CLARKSVILLE	COUNTY PIKE	STATE MISSOURI
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21. I attended the deceased from 12/19/58 to 12/20/58 and last saw her alive on 12/19/58 Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE John A. Middleton M.D. (Degree or title)	22b. ADDRESS Louisiana	22c. DATE SIGNED 12/23/58

23a. BURIAL, CREMATION, REPOSS. (Specify) BURIAL	23b. DATE 12-22-58	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW, CEM. LOUISIANA MO	23d. LOCATION (City, town, or county) (State) LOUISIANA MO
24. FUNERAL DIRECTOR COLLIER FUNERAL SERVICE ADDRESS 12-29-58		25. DATE RECD. BY LOCAL REG. 12-29-58	26. REGISTRAR'S SIGNATURE Bernice Kuller

LOUISIANA MO (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.

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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

Licensed Embalmer No.....

P. O. Address

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.