Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004120
STATE FILE NUMBER

FILED JAN 15 1959 Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN: CHAFFEE — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 126 W. DAVIDSON — Length of stay in 1b: 30 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 126 W. DAVIDSON — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: IVA Middle: ESTA Last: LETT
4. DATE OF DEATH: Month: JAN. Day: 3 Year: 1959

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: SEPT. 16, 1888
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months: 3 Days: 17 — 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): CHARLESTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EPHRIAM H. WOOD
13b. MOTHER'S MAIDEN NAME: MARTHA CAMPBELL
14. NAME OF HUSBAND OR WIFE: FRED F. LETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: FRED F. LETT Address: CHAFFEE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis acute — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malignant Hypertension — Several years.
DUE TO (c): Cardio-Vascular renal arteriosclerosis — Several years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 441X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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 1-3-59, to 1-3-59 and last saw her alive on 1-3-59
Death occurred at 11:05 PM. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. H. Hehmeyer (Degree or title) DO 2
22b. ADDRESS: Chaffee, mo.
22c. DATE SIGNED: 1/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-6-1959
23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
23d. LOCATION (City, town, or county) (State): CHARLESTON, MO.

24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME ADDRESS: CHAFFEE, MO.
25. DATE RECD. BY LOCAL REG.: Jan 7-1959
26. REGISTRAR'S SIGNATURE: Mrs Neal Bieplinghoff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 20 1959

VS OCT 6 1959

VS OCT 26 1960

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.