Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004199

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 355 Primary Registration District No. 4559 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Hartshorn — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Hartshorn — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1070 — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Litha Middle Jane Last Brim

4. DATE OF DEATH Month 1 Day 13 Year 59

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 2-13-1879
9. AGE (In years last birthday) 79 — 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) Texas County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Newt Stringer
13b. MOTHER'S MAIDEN NAME Adeline Smith
14. NAME OF HUSBAND OR WIFE Thomas A.

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 Opal Lewis — Address Hartshorn, 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) Congestive Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis Prolonged Recumbency
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 1947, to 1959 and last saw her alive on Jan 11
Death occurred at 8:45 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr Lavere Hampton Do
22b. ADDRESS Summersville
22c. DATE SIGNED Jan 20

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-15-59
23c. NAME OF CEMETERY OR CREMATORY Antiock Cemetery
23d. LOCATION (City, town, or county) (State) Texas County, Missouri

24. FUNERAL DIRECTOR Raymond E. Duff — ADDRESS Houston, Mo.
25. DATE RECD. BY LOCAL REG. Jan 22-59
26. REGISTRAR'S SIGNATURE Anna Roberts

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston M

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.