

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004311

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No.

374

Primary Registration District No.

4546

Registrar's No.

5

300
1-57

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) Denver, MO		c. CITY OR TOWN Denver, MO 1130	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 21 Yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MOLLIE		4. DATE OF DEATH Month January Day 10 Year 1959	
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 Apr 5, 1867
9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
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) Clay CO, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN PARSONS		13b. MOTHER'S MAIDEN NAME TERRY McCOY	
14. NAME OF HUSBAND OR WIFE GRAVENER McNEESE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Nellie Austin	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrostatic Pneumonia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (b) Senility		19. INTERVAL BETWEEN ONSET AND DEATH 10 days	
DUE TO (c) Complications following fracture of hip.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION 1130		COUNTY Worth STATE Missouri	
21. I attended the deceased from Oct 1956 to 10 Jan 59 and last saw her alive on 10 Jan 59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. O. McNeill (Degree or title)		22b. ADDRESS Albany, Missouri	
22c. DATE SIGNED 15 Jan 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 12, 1959	
23c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery		23d. LOCATION (City, town, or county) (State) Rural Albany MO	
24. FUNERAL DIRECTOR Kenneth Bauer		25. DATE RECD. BY LOCAL REG. Jan 19-59	
26. REGISTRAR'S SIGNATURE Bowdoy Kibbe			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases 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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211
P. O. Address Grant Calif. 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.