THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004719
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 47 Primary Registration District No. 5167 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Auxvasse Rt. 1 Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Auxvasse Rt. 1 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Liberty Twp. (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Joseph Middle Wren Last Iman
4. DATE OF DEATH Month Feb. Day 16 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH Jan.17,1887
9. AGE (In years last birthday) 72
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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Callaway County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Iman
14. MOTHER'S MAIDEN NAME Martha Powell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 492-12-6179
17. INFORMANT Mrs. Glen Crawford Address , Hatton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Death due to natural causes, according
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) to the investigation made by Coroner
DUE TO (c) Denzil C. Browning

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7954

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 about 4:30 P to and last saw her/him alive on
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maretta Lawrence (Degree or title) Registrar
22b. ADDRESS Fulton, Mo
22c. DATE SIGNED Feb.21-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb.19,1959
23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery
23d. LOCATION (City, town, or county) , Hatton, Mo. (State)

24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton, Mo
25. DATE RECD. BY LOCAL REG. Feb.21-1959
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be issued. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Blackw

Licensed Embalmer No.....4

P. O. Address Fulton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.