

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008589
STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polo</u>		c. CITY OR TOWN <u>Polo 0130</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If outside, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Lillian</u> Last <u>Emery</u>		4. DATE OF DEATH Month <u>3</u> Day <u>29</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 11 - 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ray, Co. Mo.</u>
13a. FATHER'S NAME <u>Jacob L. Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J. Ford</u>	14. NAME OF HUSBAND OR WIFE <u>John Emery (Deceased)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT Address <u>Mrs Ployd Hydes Polo Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>death</u>			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.) <u>Found dead by family at home, deceased</u>		
20c. TIME OF DEATH Hour <u>5</u> p.m. Month <u>3</u> Day <u>29</u> Year <u>1959</u>	20d. PLACE OF DEATH (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Polo,</u>		20e. COUNTY STATE <u>Caldwell, Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her <u>dead</u> <u>3/30/1959</u> . Death occurred at <u>5 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Genel Michael, Coroner</u>		22b. ADDRESS <u>Braymer, Mo.</u>	
22c. DATE SIGNED <u>3/30/1959</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burnt</u>	23b. DATE <u>April 1 - 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cougile</u>	23d. LOCATION (City, town, or county) (State) <u>Cougile Mo</u>
24. FUNERAL DIRECTOR <u>Alspaugh & Cowley Polo Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 2 - 59</u>	26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only appropriate nomenclature in item 20. No symptoms with no cause. 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Barndt Thawick*

Licensed Embalmer No. *4924*

P. O. Address *Polo, 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.