

Health,
Welfare
Public
Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE NUMBER
59-010480
REGISTRAR'S NO. 72

FILED MAR 17 1959 Registration District No. 275 Primary Registration District No. 5942

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Salem	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ozark Rest Home		d. STREET ADDRESS (If outside, give location) S. Washington St	
Length of stay in lb 1 mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last HARRIET MILDRED LAUTHUM			4. DATE OF DEATH Month Day Year March 15 1959		
-------------------------------------------------------------------------------------	--	--	-----------------------------------------------------	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 26 1879	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
---------------	------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	------------------------------------	-------------------------------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
----------------------------------------------------------------------------------------------------------	----------------------------------------------	---------------------------------------------------------------------	-------------------------------------

13a. FATHER'S NAME Charles T. May	13b. MOTHER'S MAIDEN NAME Nancy Woods	14. NAME OF HUSBAND OR WIFE Calvin (Dec'd)
--------------------------------------	------------------------------------------	-----------------------------------------------

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 Elsie Whitman	Address Salem, Missouri
-----------------------------------------------------------------------------------------------------------------	---------------------------------	--------------------------------	----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Branch pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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) <i>Extreme Risk cases</i>		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.) <i>491X</i>
-----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>Jan 1959</i> to <i>March 15 1959</i> last saw her alive on <i>March 13, 1959</i> Death occurred at <i>9:00 Am March 15, 1959</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>St Ambrose M.D.</i>	22b. ADDRESS <i>Rolla Mo</i>	22c. DATE SIGNED <i>3/15/59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar 16 1959	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	23d. LOCATION (City, town, or county) (State) Fulton County Arkansas
------------------------------------------------------	--------------------------	----------------------------------------------------------	-------------------------------------------------------------------------

24. FUNERAL DIRECTOR Max L. Warfel	ADDRESS Salem, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 16, 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll
---------------------------------------	-----------------------	-----------------------------------------------	----------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NEW JERSEY
DIVISION OF HEALTH
1959

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 Max L. Warfield

Licensed Embalmer No. 4170

P. O. Address Salem, New Jersey

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.