Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016677
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 11 Primary Registration District No. 4023 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Exeter — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 6 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Exeter — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WILLIAM Middle ALBERT Last MICHAEL

4. DATE OF DEATH Month May Day 23 Year 1959

5. SEX Male 6. COLOR OR RACE white 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Feb. 15, 1883

9. AGE (In years last birthday) 76 — 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) owner
10b. KIND OF BUSINESS OR INDUSTRY cafe
11. BIRTHPLACE (City and state or country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Jane Barth Michael

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. 513-03-1489
17. INFORMANT Address Mrs. Jane Michael-Exeter, 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) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
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) 426.1
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 2-1-57, to 2-23-57 and last saw her/him alive on 2-23-57
Death occurred at 3:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerald H. Johnson D.O.
22b. ADDRESS Cassville, Mo
22c. DATE SIGNED 5-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-26-1959
23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery
23d. LOCATION (City, town, or county) (State) Exeter, Missouri

24. FUNERAL DIRECTOR Culver's ADDRESS Cassville, Mo.
25. DATE RECD. BY LOCAL REG. 6-3-59
26. REGISTRAR'S SIGNATURE Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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DATE REC. 6-15-57

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.