

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018395
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 195 Primary Registration District No. - Registrar's No. 47-59

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lanagan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lanagan Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lanagan Rest Home		Length of stay in lb 72 yrs.	d. STREET ADDRESS (If outside, give location) 0600 City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Goldie E. Testerman			4. DATE OF DEATH Month Day Year May 21, 1959		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 17 1886	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Stella Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Geo. Smith		13b. MOTHER'S MAIDEN NAME Sara E. Strickland		14. NAME OF HUSBAND OR WIFE Lawrence Testerman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Clayton Gowder Anderson Ind.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 33ix
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)		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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <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 Apr. 24 1959 to May 21 '59 and last saw her ^{her} alive on May 21 1959 Death occurred at 11:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Dr. B. B. B. B.	22b. ADDRESS Pineville - Mo	22c. DATE SIGNED May 26 '59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-26-59	23c. NAME OF CEMETERY OR CREMATORY Lanagan Cem.
23d. LOCATION (City, town, or county) (State) Lanagan Mo.		

24. FUNERAL DIRECTOR Humphrey + Son	ADDRESS Pineville, Mo.	25. DATE RECD. BY LOCAL REG. 5-26-59	26. REGISTRAR'S SIGNATURE Mary A. Buelby
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Moel, 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.