

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020234

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 5

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Piedmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Piedmont Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1110 o
3. NAME OF DECEASED (Type or print) First MARTHA Middle Isabell Last ROSA		4. DATE OF DEATH Month MAY Day 11 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 18, 1871
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		9b. KIND OF BUSINESS OR INDUSTRY Home	9c. PLACE (City and state or country) ELLINGTON, MO.
10a. FATHER'S NAME BERT RANDOLPH		10b. MOTHER'S MAIDEN NAME ELIZABETH WARREN	10c. CITIZEN OF WHAT COUNTRY? U.S.A.
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. SOCIAL SECURITY NO.	13. INFORMANT MINDA CHITWOOD Address Piedmont, Mo.
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) my cardiac DUE TO (b) hypertension DUE TO (c) A bloody June PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x			INTERVAL BETWEEN ONSET AND DEATH 6 months 2 years 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 Piedmont COUNTY Wayne STATE Mo	
21. I attended the deceased from Jan 59 to May 11 59 last saw her alive on May 1-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. E. Terry (Degree or title)		22b. ADDRESS Piedmont Mo	22c. DATE SIGNED 5-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/59	23c. NAME OF CEMETERY OR CREMATORY Potter Cem.	23d. LOCATION (City, town, or country) (State) Near Piedmont, Mo.
24. FUNERAL DIRECTOR Norman H. Lieb ADDRESS Piedmont Mo		25. DATE RECD. BY LOCAL REG. 5/25/59	26. REGISTRAR'S SIGNATURE Sheela Louloue

(Licensed Embalmer's Statement on Reverse Side)

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

L. E. Terry MD

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Maurice Bourles.....

Licensed Embalmer No. 4426
P. O. Address Bedford, N

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.