

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022408

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 95

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Phelps</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Doolittle - Arlington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Doolittle</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Doolittle</i>		Length of stay in 1b	d. STREET ADDRESS <i>0810</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>CLARA</i> Middle <i>ETTA</i> Last <i>DENNY</i>			4. DATE OF DEATH Month <i>June</i> Day <i>7</i> Year <i>1959</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 31 1880</i>	9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>6</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Noblesville IND.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>SIMON McFALL</i>		13b. MOTHER'S MAIDEN NAME <i>MARGARET Roberts</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>308-09-43748</i>		17. INFORMANT <i>William Denny</i> Address <i>RA # 2 Box 278 Rella Mo.</i>	
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>Cerebral vascular accident</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 day</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)					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. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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>May 1959</i> to <i>June 7, 1959</i> and last saw her alive on <i>June 7, 1959</i> Death occurred at <i>5 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. Anderson MD</i> (Degree or title)			22b. ADDRESS <i>Rella Mo</i>		22c. DATE SIGNED <i>10/19/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>JUNE 10, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. OLIVE</i>		23d. LOCATION (City, town, or county) (State) <i>Phelps Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Lee Johnson</i>		ADDRESS <i>Newburg Mo</i>		25. DATE RECD. BY LOCAL REG. <i>June 9, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Nadine L Stoll</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *William Lee Strawben*

Licensed Embalmer No. *5043*
P. O. Address. *Newburg, 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.