

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025909

FILED VS JUL 22 1959

STATE FILE NUMBER

Registration District No. 00 Primary Registration District No. _____ Registrar's No. 119

INDEXED

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) Hudson Twnshp.		Length of stay in 1b 10y. 6m. 3d	c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Sanitorium			d. STREET ADDRESS (If outside, give location) 2 South County Club Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Martha Last Dearing			4. DATE OF DEATH Month July Day 15 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/26/1885	9. AGE (last birthday) 74	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 no	11. BIRTHPLACE (City and state or country) Warrensburg, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Walker Suddath		13b. MOTHER'S MAIDEN NAME Cornelia DeGarmo		14. NAME OF HUSBAND OR WIFE Frank W. Dearing	
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. no	17. INFORMANT Address Frank W. Dearing Box 636 Columbia Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure DUE TO (b) Decompensated Hypertensive Heart Failure DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH
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 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 <u>Sept 4, 1958</u> to <u>July 15, 1959</u> and last saw her ^{her} alive on <u>July 15, 1959</u> Death occurred at <u>10:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Andrew T. Seep DO			22b. ADDRESS macon mo		22c. DATE SIGNED 7-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 18/59	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetary	23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.		
24. FUNERAL DIRECTOR ADDRESS Swinney-Phillips Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. 7/17/59	26. REGISTRAR'S SIGNATURE Urbeth M. Seely		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon,

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.