

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030041

FILED VS SEP 1 1959

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 44

DED

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOWLING GREEN</u>		c. CITY OR TOWN <u>BOWLING GREEN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>1610 W. MAIN</u>	

3. NAME OF DECEASED (Type or print) First <u>NELLIE</u> Middle <u>LOUISE</u> Last <u>PRESTON</u>			4. DATE OF DEATH Month <u>AUG.</u> Day <u>23</u> Year <u>1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-10-1876</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BROOKLYN, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN HESSING</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE VON DEINSE</u>	14. NAME OF HUSBAND OR WIFE <u>THEODORE C. PRESTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-20-2158 D W M</u>	17. INFORMANT <u>PRESTON, 804 W. FRANK ST. CAROL Mich</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		<u>10 days</u>
DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>44</u>
DUE TO (c)		

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>PM</u> Month, Day, Year <u>1950</u>

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
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21. I attended the deceased from 1950 to 8-23-59 and last saw her alive on 8-23-59
Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M. M. Mathews</u> (Degree or title)	22b. ADDRESS <u>Bonney Green Mo</u>	22c. DATE SIGNED <u>8-24-59</u>
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23b. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23c. DATE <u>8.25, 1959</u>	23d. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN CEMETERY BOWLING GREEN, MISSOURI</u>	23e. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>GRACE BAYKHEAD, BOWLING GREEN, MO</u>	25. DATE RECD. BY LOCAL REG. <u>8-25-59</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1960

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bonning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.