

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033026

FILED VS OCT 2 1959

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 77-59

ENDED

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Erie Twnshp.</u>		Length of stay in 1b <u>1 year</u>		c. CITY OR TOWN <u>Goodman</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mile West of Goodman</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 mile west</u>					
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Ann</u> Last <u>Trent</u>				4. DATE OF DEATH Month <u>September</u> Day <u>21</u> Year <u>1959</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</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>9/15/82</u>					
				9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>					
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 <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Hull Station, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>John Kindsland</u>			13b. MOTHER'S MAIDEN NAME <u>Jessie Millheider</u>			14. NAME OF HUSBAND OR WIFE <u>James Trent</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>518-26-4155A</u>			17. INFORMANT <u>James Trent Goodman, Missouri</u>					
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>Hypostatic PNEUMONIA</u>									
DUE TO (b)		<u>Passive Myocardial failure</u>									
DUE TO (c)		<u>Senility</u>									
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				
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.)			
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>ON 9-19-59</u> and last saw her alive on <u>9-19-59</u> Death occurred at <u>3:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>[Signature]</u>				22b. ADDRESS <u>Peaceville, Mo.</u>				22c. DATE SIGNED <u>9-22-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/23/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Peace Valley Cemetery</u>				23d. LOCATION (City, town, or county) <u>Anderson, Missouri.</u>		(State)	
24. FUNERAL DIRECTOR <u>Rapp Funeral Home Anderson, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-22-1959</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eus Rapp

Licensed Embalmer No. 03458

P. O. Address Anderson, M.

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.