

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033090

FILED VS OCT 6 1959 2/0

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 50 STATE FILE NUMBER

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in lb 5 days	c. CITY OR TOWN Modena Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lillie Middle Kemp Last Reel	4. DATE OF DEATH Month July Day 31 Year 59
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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 II-10-1876	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 8 Days 21 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Mercer County	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME George Madison Stewart	13b. MOTHER'S MAIDEN NAME Nancy Ann Coleman	14. NAME OF HUSBAND OR WIFE Print Waite Reel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 498-40-7433	17. INFORMANT Address Print Waite Reel- Modena--Rural
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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: IMMEDIATE CAUSE (a) Coronary Embolism		INTERVAL BETWEEN ONSET AND DEATH Immed
DUE TO (b) Arteriosclerotic Heart Disease		2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Hypertension		4 yrs
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 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.)
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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
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21. I attended the deceased from **July 21, 1959** to **July 31, 1959** and last saw her/him alive on **7-31-59**
Death occurred at **8:30 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>Douglas A. Travers, D.O.</i>	22b. ADDRESS Princeton, Mo.	22c. DATE SIGNED 8-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-4-59	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or county) (State) Mercer Co.
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24. FUNERAL DIRECTOR ADDRESS Martin & Azbell Funeral Home Princeton Mo.	25. DATE RECD. BY LOCAL REG 10-5-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 Byron E. Ayres

Licensed Embalmer No. 5020

P. O. Address Princeton-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.