

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035391

STATE FILE NUMBER

FILED VS NOV 9 1959 43

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 507

INDEXED

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Neelyville		Length of stay in 1b 18 yrs.		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. SE Neelyville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 mi. SE Neelyville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HATTIE Middle SHERRON Last _____				4. DATE OF DEATH Oct. 23, 1959 Month _____ Day _____ Year _____					
5. SEX Female		6. COLOR OR RACE negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/22/88		9. AGE (last birthday) 71 IF UNDER 1 YEAR IF UNDER 24 HR 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 at home		11. BIRTHPLACE (City and state or country) Alamo, Tennessee		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Parker Mitchell			13b. MOTHER'S MAIDEN NAME Mary Thompson			14. NAME OF HUSBAND OR WIFE Deceased			
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. none		17. INFORMANT Robert Sherron		Address Tacoma, Wash.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 12 days years		
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 checked="" 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.)					
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 Oct. 10, 1959 to Oct. 23, 1959 and last saw her alive on Oct. 19, 1959 Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J. L. Smith, D.O.				22b. ADDRESS Naylor, Mo.			22c. DATE SIGNED 10/27/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/26/1959		23c. NAME OF CEMETERY OR CREMATORY Neelyville Cemetery		23d. LOCATION (City, town, or county) (State) Butler Co., Missouri			
24. FUNERAL DIRECTOR Edwards-Parrent			ADDRESS Naylor, Mo.		25. DATE RECD. BY LOCAL REG. 10/28/59		26. REGISTRAR'S SIGNATURE R. Muehler		

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 Gene Parent

Licensed Embalmer No. 4809
P. O. Address Taylor,

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.