

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-039263

FILED VS DEC 11 1959

Registration District No. 58

Primary Registration District No. 5216

STATE FILE NUMBER

Registrar's No. 30

300
1-57
90

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIKE Twp		c. CITY OR TOWN FREMONT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREMONT		d. STREET ADDRESS (If outside, give location) PIKE Twp.	
3. NAME OF DECEASED (Type or print) First BETSY ANN Middle ELIZABETH Last ADAIR		4. DATE OF DEATH Month NOV Day 24 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH OCT 16, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SHANNON Co. MO
13a. FATHER'S NAME WESLEY HEDRICK		13b. MOTHER'S MAIDEN NAME MARGARET HANGER	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 Address Iva CULPEPPER VAN BUREN, 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) ACUTE CIRCULATORY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) SENILITY			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 794X			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐	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 10-1-59 to 11-10-59 and last saw her alive on 11-10-59 Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank P. Rucinski, D.O. (Degree or title)		22b. ADDRESS Van Buren, Mo.	22c. DATE SIGNED 11-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-28-59	23c. NAME OF CEMETERY OR CREMATORY PAINT ROCK CEMETERY	23d. LOCATION (City, town, or county) (State) SHANNON Co. Mo.
24. FUNERAL DIRECTOR M. SPADEN	ADDRESS VAN BUREN, MO.	25. DATE RECD. BY LOCAL REG. Dec. 3-59	26. REGISTRAR'S SIGNATURE Mrs Oeta Henson

MEDICAL CERTIFICATION

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 Allen C. M. Spencer

Licensed Embalmer No. 4543

P. O. Address Van Buren, N.Y.

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.