

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-039855

STATE FILE NUMBER

FILED VS NOV 18 1959

Registration District No. 141

Primary Registration District No. 5651

Registrar's No. 153

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN WEST PLAINS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION LEBO RT		Length of stay in lb 7yrs		d. STREET ADDRESS (If outside, give location) LEBO RT		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ELZA DOW DEATHERAGE				First Middle Last		4. DATE OF DEATH Month Day Year 10/19/59	
5. SEX MALE	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 11/27/1892		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done if not in hospital, give kind of occupation) RETIRED RAILROAD	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX		11. BIRTHPLACE (City and state or country) Mt Home, Ark		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME G.R. DEATHERAGE		13b. MOTHER'S MAIDEN NAME MINOLA HAYES		14. NAME OF HUSBAND OR WIFE EMILY M. DEATHERAGE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no) (If yes, give dates of service) NO		16. SOCIAL SECURITY NO. YES		17. INFORMANT Address EMILY DEATHERAGE WEST PLAINS, 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) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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.) 4/201					
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <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 10/4/59 , to 10/5/59 and last saw her alive on 10/5/59 Death occurred at 8:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J J Stiles M.D. (Degree or title)				22b. ADDRESS West Plains Mo		22c. DATE SIGNED 10-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 10-23-59	23c. NAME OF CEMETERY OR CREMATORY OAK LAWN		23d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.		
24. FUNERAL DIRECTOR ROBERTSON, WEST PLAINS, MO.			25. DATE RECD. BY LOCAL REG. 11-16-59		26. REGISTRAR'S SIGNATURE Beatrice Cook		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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.

NOV 18 1956

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 *A. Roberts*

Licensed Embalmer No. *3637*
P. O. Address *West Plains*

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.