

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017955

STATE FILE NUMBER

DECEASED JUN 2 1958 Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 805

300
1-56

Every coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital				Length of stay in lb 85 yrs		d. STREET ADDRESS (If outside, give location) 100A. S. Main	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First A. Middle Bertie Last Means				4. DATE OF DEATH Month May Day 8 Year 1958			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 1-20-1873		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Collector		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Windsor, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME N. B. Cannon				14. MOTHER'S MAIDEN NAME Cynthia Conrad			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 491-40-1171		17. INFORMANT Address Mrs. Effie Chisman Windsor, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Arteriosclerosis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Cholecystitis							
19. INTERVAL BETWEEN ONSET AND DEATH 5 yrs							
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 _____ Month, Day, Year a. m. _____ p. m. _____							
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 17 Mar 1958 to May 8, 1958 and last saw her alive on May 8, 1958 Death occurred at 12:15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>William Smith</i> (Type or title)				22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 5/21/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-10-1958		23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery		23d. LOCATION (City, town, or county) (State) Windsor, Mo.	
24. FUNERAL DIRECTOR Ellis Huston Windsor, Mo.				25. DATE RECD. BY LOCAL REG. 3-26-58		26. REGISTRAR'S SIGNATURE Mildred Bigum	

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 *Clifford Houge*.....

Licensed Embalmer No. *501A*

P. O. Address *Windsor, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.