

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028921

STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 870

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Henry</i>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY <i>Bates</i> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>Clinton</i>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <i>Marysburg</i><br><i>Mingo Township</i>   |   | c. Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Hotel Gasp. Hospital</i>  |                                  | Length of stay in 1b<br><i>1 day</i>  | d. STREET ADDRESS<br><i>NONE</i>  |   | (If outside, give location)<br>Reside on Form<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <i>Margie</i> Middle <i>NONE</i> Last <i>Doll</i>  |                                  |   | 4. DATE OF DEATH<br>Month <i>8</i> Day <i>15</i> Year <i>1958</i>   |   |   |
| 5. SEX<br><i>Female</i>   | 6. COLOR OR RACE<br><i>white</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>Feb. 24, 1883</i>  | 9. AGE (In years last birthday)<br><i>75</i>                              |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>NONE</i>  | 11. BIRTHPLACE (City and state or country)<br><i>Urich, Missouri</i>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><i>U. S. A.</i>   |
| 13. FATHER'S NAME<br><i>John Ridge</i>  |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Ann Anderson</i><br><i>Unknown</i>   |   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service)<br><i>NO</i>  |                                  | 16. SOCIAL SECURITY NO.<br><i>NONE</i>  |   | 17. INFORMANT<br><i>Mrs. Elmer Young</i><br>Address <i>Box 95, S.L.L.</i> |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Medullary Paralysis</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>Cerebro Vasculer Thrombosis</i><br>DUE TO (c) <i>Arteriosclerosis</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><i>332X</i> |                                  |   |   |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <i>2:15</i> Month <i>8</i> Day <i>15</i> Year <i>58</i><br>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<br><i>Urich</i> COUNTY STATE                 |   |
| 21. I attended the deceased from <i>8-14-58</i> to <i>8-15-58</i> and last saw her <i>alive</i> on <i>8-15-58</i><br>Death occurred at <i>2:15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |   |
| 22a. SIGNATURE<br><i>Abonzeley</i> (Degree or title) <i>2</i>   |                                  |   | 22b. ADDRESS<br><i>2176 Jefferson</i>   |   | 22c. DATE SIGNED<br><i>8-15-58</i>  |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)  |                                  | 23b. DATE<br><i>Aug 17-58</i>   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Mullins</i>  |   | 23d. LOCATION (City, town, or county) (State)<br><i>Urich MO</i>  |
| 24. FUNERAL DIRECTOR<br><i>Brown &amp; Graham</i> ADDRESS   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><i>8-16-58</i>  |   | 26. REGISTRAR'S SIGNATURE<br><i>Mildred Begum</i>   |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service  
 300 1-56  
 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. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *R. R. Kennedy*.....

Licensed Embalmer No. *308*

P. O. Address *Centerville*

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.