

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006491
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 212 Primary Registration District No. 3779 Registrar's No. 5

health, Welfare Public Service
300 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Orange FRANKLIN-		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Barnett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION Rocky-Mount			Length of stay in lb 2mo	d. STREET ADDRESS (If outside, give location) BARNETT			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ida				4. DATE OF DEATH JAN-16-1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 18 Dec. 1868		9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At-Home		11. BIRTHPLACE (City and state or county) 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard-Redman				14. MOTHER'S MAIDEN NAME Polly-ANN-			
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. NONE		17. INFORMANT NORA-STEVENSON		Address Rocky-Mount-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) cerebral accident						INTERVAL BETWEEN ONSET AND DEATH 10 days	
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.) Fractured hip 331XF					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. NONE							
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.) NONE		20f. CITY, TOWN, OR LOCATION NONE		COUNTY STATE	
21. I attended the deceased from July 1950, to Jan 16, 1958 and last saw her alive on Jan 3. Death occurred at 11:20 P.M. on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ruth Kaufman (Degree or title) M.D.				22b. ADDRESS Versailles Mo		22c. DATE SIGNED 17 JAN-58	
23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL		23b. DATE 18 JAN-58	23c. NAME OF CEMETERY OR CREMATORY Masonic-Cemetery		23d. LOCATION (City, town, or county) CLARKSBURG-Mo		(State)
24. FUNERAL DIRECTOR Keith M. Kays			ADDRESS ELDON-Mo		25. DATE RECD. BY LOCAL REG. Jan 18, 58		26. REGISTRAR'S SIGNATURE G. W. Bennett & Walt

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 4 58

**Miller County
Health Department**

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 *Keith M. Fays*.....

Licensed Embalmer No. *399*

P. O. Address *Eldon*

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.