

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9292

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE LOUISIANA b. COUNTY CALCASIEU	
b. CITY OR TOWN PARIS		c. CITY OR TOWN LAKE CHARLES	
c. LENGTH OF STAY (In this place) 2 YRS.		d. STREET ADDRESS (If rural, give location) 736 PULO	
d. FULL NAME OF HOSPITAL OR INSTITUTION COOPER AVE			

3. NAME OF DECEASED (Type or Print)	a. (First) GERTRUDE	b. (Middle) BARROW	c. (Last) THALL	4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 19, 1872	9. AGE (In years last birthday) 76	10. MONTHS 9	11. DAYS 0	12. IF UNDER 1 HRS. Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) OMRO, WISCONSIN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME HENRY DARROW	13b. MOTHER'S MAIDEN NAME MARIE SAMPHER	14. NAME OF HUSBAND OR WIFE BURTON H. THALL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME MRS. BERT MUTERSBAUGH,	ADDRESS PARIS, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerosis		

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from **1-28, 1949**, to **3-19, 1949**, that I last saw the deceased alive on **3-19, 1949**, and that death occurred at **4:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm M. Freyberg M.D.	23b. ADDRESS PARIS, MISSOURI	23c. DATE SIGNED 3-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-21-49	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) LAKE CHARLES, LA.
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DATE REC'D BY LOCAL REG. 3-19-49	REGISTRAR'S SIGNATURE Elbert Baker M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey,	ADDRESS PARIS, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 19 1949

MAY 26 1949

RECEIVED
District Health Officer No.
District File Number 3-49-5
Date Filed MAR 22 1949

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
Student Embalmer

Signed E.H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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 this body is not embalmed, fact should be so stated above.