

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1956

State File No. **15411**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **162**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY ADAIR	b. CITY (If outside corporate limits, write RURAL and give town) Kirksville Mo	a. STATE Missouri	b. COUNTY Adair 0013
c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Kirksville	

3. NAME OF DECEASED (Type or Print)	a. (First) Marilee	b. (Middle)	c. (Last) Choulett	4. DATE OF DEATH (Month) (Day) (Year) May 24 1956
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 28 1929	9. AGE (In years last birthday) 26	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Bloomfield Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Claud Kinnaman	13b. MOTHER'S MAIDEN NAME Vera Cozad	14. NAME OF HUSBAND OR WIFE Harry Eugene Choulett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 2	16. SOCIAL SECURITY NO. 482-32-1981	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Harry Eugene Choulett
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus, few mins.		INTERVAL BETWEEN ONSET AND DEATH 24 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 416x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1956, to 5/24, 1956, that I last saw the deceased alive on 5/24, 1956, and that death occurred at 3:28 P. M., from the causes and on the date stated above.

23a. SIGNATURE Dr. M. C. Plume	(Degree or title)	23b. ADDRESS RD 2 Kirksville, Mo	23c. DATE SIGNED 5/26/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAY 28-56	24c. NAME OF CEMETERY OR CREMATORY SAVANNAH	24d. LOCATION (City, town, or county) (State) SAVANNAH IOWA
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DATE REC'D BY LOCAL REG. 5-26-56	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Morehead & Hemmer Lancaster Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D
APR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Novel E. Foster*
Licensed Embalmer No. *479*

P. O. Address *Kurpnie*

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.