No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25554

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5819 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural , Benton Twp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY County
c. CITY OR TOWN Chamois, R D
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Rural , Benton Twp

3. NAME OF DECEASED (Type or Print)
a. (First) EMMA b. (Middle) Florentine c. (Last) Topel

4. DATE OF DEATH (Month) (Day) (Year) July 26, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2 - 23 - 1885
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months 7 Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY House Work
11. BIRTHPLACE (City and State or Foreign Country) Aud, Mo.
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John H. Topel
13b. MOTHER'S MAIDEN NAME Wilhelmina Stephan
14. NAME OF HUSBAND OR WIFE Not Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Edw L. Topel . **ADDRESS** Chamois, Mo. R D

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary & generalized sclerosis — 10-20 yrs.
DUE TO (c) — 15 to 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Cerebral Epilepsy — 65 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18-, 1956 *to* July 26-, 1957, *that I last saw the deceased alive on* 7-9-, 1957, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE F. B. Farnsworth (Degree or title) D.O.
23b. ADDRESS Chamois, Mo.
23c. DATE SIGNED 7-29-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7 - 29 - 57
24c. NAME OF CEMETERY OR CREMATORY Deer Creek Cemetery
24d. LOCATION (City, town, or county) Osage County (State) Missouri

DATE REC'D BY LOCAL REG. 7-29-57
REGISTRAR'S SIGNATURE Josephine Schieder
25. FUNERAL DIRECTOR'S SIGNATURE Mortons Service **ADDRESS** Chamois, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4 Ha

P. O. Address Lynn

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