

FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-027420
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Monett</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>425 N. Shickel</u>		d. STREET ADDRESS (If outside, give location) <u>425 N. Shickel</u>	
Length of stay in 1b <u>years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Della Louise Wallner</u>			4. DATE OF DEATH <u>Aug. 9 - 1957</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>white</u>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>Aug. 27 - 1877</u>		
9. AGE (In years last birthday) <u>79</u>			10. UNDER 1 YEAR Months <u>11</u> Days <u>12</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <u>Floyd, Austria</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Emanuel Melin</u>			14. MOTHER'S MAIDEN NAME <u>Melina Bertoldie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>			16. SOCIAL SECURITY NO. <u>no.</u>		
17. INFORMANT <u>Mrs. Lillian Carlson, Monett, Mo.</u>			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Purulent infection</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>
DUE TO (b) <u>Myocardial degeneration</u>		
DUE TO (c) <u>Other unknown</u>		
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"/>		<u>4222</u>

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 Hour <u>10</u> Month <u>6</u> Day <u>55</u> a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 10-6-55 to Aug 9 57 and last saw her alive on Aug 10 57
Death occurred at 6:15 A on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)
22b. ADDRESS Monett Mo
22c. DATE SIGNED 8-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Buried Aug. 12 - 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
24. FUNERAL DIRECTOR <u>Bennett - Vermington</u>	ADDRESS <u>Monett Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-17-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>

(Licensed Embalmer's Statement on Reverse Side)

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

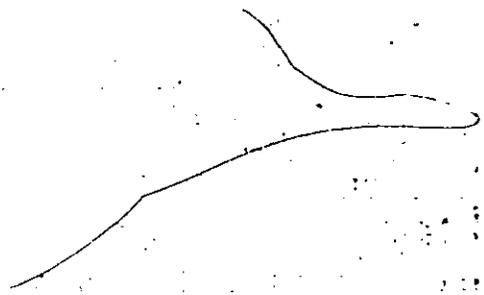
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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 857-141

DATE REC. 8-19-57



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 J. Gordon Bennett

Licensed Embalmer No. 421

P. O. Address Monett, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.