

Health,  
Welfare  
Public  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1957

35237

STATE FILE NUMBER

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twnshp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lohman, Mo. 026		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#1, Lohman, Mo.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R.R.#1, Lohman, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Estella Bertha Distler			4. DATE OF DEATH Month Day Year Oct 30 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug-30-1907		9. AGE (In years) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Jacobs		13b. MOTHER'S MAIDEN NAME Annie Siebeneck		14. NAME OF HUSBAND OR WIFE Joseph V. Distler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Melvin Meller, Jefferson City, 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) Coronary Thrombosis Had been Patient of Dr. J.A. Osmeron, Jefferson City, Mo. DUE TO (b) Treated for High Blood Pressure. Investigation by myself & Sheriff of Cole County, Mo. revealed death due to natural causes. DUE TO (c) Cole County, Mo. revealed death due to natural causes. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH Just past
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 Month, Day, Year 7:30 a.m. 10/30/57					
20d. INJURY OCCURRED WHILE AT <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.) Home		20f. CITY, TOWN, OR LOCATION Pt 1 COUNTY, STATE Jefferson City, Cole, Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at approximately 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Arthur Koch, Coroner, Cole County			22b. ADDRESS 630 Adams St. Jefferson City, Mo		22c. DATE SIGNED 10/31/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov-2-1957	23c. NAME OF CEMETERY OR CREMATORY St. Martin's Cemetery		23d. LOCATION (City, town, or county) (State) St. Martins, Missouri
24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo		25. DATE RECD. BY LOCAL REG. Nov. 2		26. REGISTRAR'S SIGNATURE Minnie Hittman	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 6 1957  
RIS  
AUG 15 1960

**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 *Robert J. Green*

Licensed Embalmer No. *1286*

P. O. Address *Jeff City 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.**