

pt. Health,
, & Welfare
S. Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43419

STATE FILE NUMBER

FILED JAN 14 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 19

S. 300
v. 1-57
0051

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Vincent Hosp		Length of stay in 1b 65 Yrs.	d. STREET ADDRESS (If outside, give location) 710 E. Cleveland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MILLIE Middle MARTHA Last EXPOSITO			4. DATE OF DEATH Month Dec. Day 22 Year 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 July 31, 1880	9. AGE (In years last birthday) 77	10. FUNDING YEAR Months 5 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of work history, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Mueller		13b. MOTHER'S MAIDEN NAME Beatrice Juerenka		14. NAME OF HUSBAND OR WIFE David Exposito	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Carolyn Breitenstein, K.C. 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) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - 332X					INTERVAL BETWEEN ONSET AND DEATH 60 hrs ?
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 _____ a.m. _____ p.m. _____					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2-1-54 to Dec 22, 1957 and last saw her alive on Dec 21, 1957 Death occurred at 12:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. J. Edwards MD (Degree or title)			22b. ADDRESS Monett, Mo		22c. DATE SIGNED 12-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/24/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		23d. LOCATION (City, town, or county). (State) Lawrence County, Mo.
24. FUNERAL DIRECTOR ADDRESS J. D. Buchanan Monett, Mo.			25. DATE RECD. BY LOCAL REG. 12-28-57	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 158-3

DATE REC. 1-2-58

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. G. Buchanan

Licensed Embalmer No. 3179

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.