

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009447  
STATE FILE NUMBER

FILED MAR 20 1958

Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LESLIE R.R. 1-Lyon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>LESLIE R.R. 1 03 1/2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>Leslie RR #1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>MANERVIA</b> <sup>First</sup> <b>CORA</b> <sup>Middle</sup> <b>ALICE</b> <sup>Last</sup> <b>REDHAGE</b>				4. DATE OF DEATH <b>MAR 12 1958</b> Month Day Year					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>DEC. 30, 1878</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MT. HOPE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>JOHN MEYER</b>				14. MOTHER'S MAIDEN NAME <b>MARTHA ENNIS</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT <b>ERVIN J. REDHAGE</b>			Address <b>LESLIE, MO.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chloroform accident</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 da</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Hypertensive arteriosclerosis</b>						
			DUE TO (c) <b></b>						
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"/>		
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.) <b>331X</b>					2	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>									
20d. INJURY OCCURRED WHILE AT WORK <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 <b>3/9/58</b> to <b>3/12/58</b> and last saw her alive on <b>3/9/58</b> Death occurred at <b>4:00 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> (Degree or title)					22b. ADDRESS <b>Union Mo</b>		22c. DATE SIGNED <b>3/14/58</b>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <b>3-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. CLAIR, MO.</b>				
24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b>				ADDRESS <b>UNION, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>March 12 1958</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph Altman*.....

Licensed Embalmer No. *48*

P. O. Address *Union*

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.