

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012872
STATE FILE NUMBER

FILED MAR 31 1958

333

4491 Registrar's No. 45

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Diehlstadt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Diehlstadt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Length of stay in lb		d. STREET ADDRESS (If outside, give location) Diehlstadt, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Alma Last Stader				4. DATE OF DEATH Month March Day 6 Year 1958					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 14, 1871		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY 0 - - -		11. BIRTHPLACE (City and state or country) Ky. /		12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME Wm. Bennett				14. MOTHER'S MAIDEN NAME Emily Bennett ?					
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 Address Elva Rea Wade Charleston, 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) Atherosclerosis Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) 4500							INTERVAL BETWEEN ONSET AND DEATH 2 or 3 yrs		
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 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.) 0			
20c. TIME OF INJURY Hour p. m. Month, Day, Year			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 March 1 - 58 to March 58 and last saw her alive on March 4 - 58 Death occurred at 11:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) O. P. Presnell M.D.					22b. ADDRESS Charleston Mo		22c. DATE SIGNED March 7 - 58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/8/58	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.		23d. LOCATION (City, town, or county) (State) Charleston, Mo.				
24. FUNERAL DIRECTOR Mc Mickle Charleston, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-17-58		26. REGISTRAR'S SIGNATURE Mr. Ella Hunter	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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doctor, coroner, etc. must use only standard nomenclature with item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED MAR 24 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-72

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 Elmer Hegler
Licensed Embalmer No. 46

P. O. Address Chadwick

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.