

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-015107
 State File No.

FILED APR 23 1958

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 58

0739

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Stella</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> 0739	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Seneca R.F.D. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VERENA</u> b. (Middle) <u>EVERETTE</u> c. (Last) <u>DeLASCHMIT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 23, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 13, 1902</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Newburg Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wiley DeLaschmit</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Griner</u>		14. NAME OF HUSBAND OR WIFE <u>Altheda DeLaschmit</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-22-2529</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Altheda DeLaschmit, Seneca Mo. R2</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u> <u>DAYS</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>CIRCULATORY COLLAPSE</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>PERICARDIAL EFFUSION</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4343</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from MARCH 23, 1958, to MARCH 23, 1958, that I last saw the deceased alive on MARCH 23, 1958, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Holman</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Stella, Mo.</u>		23c. DATE SIGNED <u>4-2-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-24-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca</u>	
24d. LOCATION (City, town, or county) (State) <u>Seneca Missouri</u>		DATE REC'D BY LOCAL REG. <u>4-6-58</u>		REGISTRAR'S SIGNATURE <u>Mildred Moberly</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson Sr.</u>		ADDRESS <u>Neosho Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Keaton

District File Number 458-83

Date Filed APR 15 1959

MS
FEB 18 1959

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
Student Embalmer

Signed Carly Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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 this body is not embalmed, fact should be so stated above.