

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017130
STATE FILE NUMBER

FILED MAY 15 1958 Registration District No. 364 Primary Registration District No. 6241 Registrar's No. 39

300
1-57

100

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.

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bretton Nurs.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Belgrade 1100</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>mi. S. Mineral Point</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <i>Mary Warren</i>			4. DATE OF DEATH Month Day Year <i>May 11 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN. 16 1873</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, months, days) <i>85</i> UNDER 1 YEAR IF UNDER 24 HRS. <i>3 25</i> Months Days Hours Min.
11. BIRTHPLACE (City and State or country) <i>Washington Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John W. Angle</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine Smith Elliott Warren</i>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wm J. Water</i>		Address <i>Ellisville Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchial Pneumonia</i> DUE TO (b) <i>Myocarditis</i> DUE TO (c) <i>4222</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 <i>April 20</i> to <i>May 11/58</i> and last saw her alive on <i>May 7th/58</i> Death occurred at <i>3:00 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. F. Brewster WA</i>		22b. ADDRESS <i>Polton Mo</i>	
22c. DATE SIGNED <i>5/12/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5-13-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Cross Roads Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Francis Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Mr. Luther Sparks Polton Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5/13/58</i>	
26. REGISTRAR'S SIGNATURE <i>Herbert Rodal</i>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1958

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 *Murphy L. Spahr*

Licensed Embalmer No. *4236*

P. O. Address *.....*

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.