

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024233

STATE FILE NUMBER

FILED JUN 23 1958		Registration District No. 324	Primary Registration District No. 3072	Registrar's No. 92
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Marshall Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Marshall 9720		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 324 E ARROW		Length of stay in lb 49 Yrs.	d. STREET ADDRESS (If outside, give location) 324 E ARROW Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MINNIE DOROTHEA EMMERSON <i>First Middle Last</i>			4. DATE OF DEATH June 15, 1958 <i>Month Day Year</i>	
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 March 25, 1879	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Auburn, Ill.	
13. FATHER'S NAME William Loch		14. MOTHER'S MAIDEN NAME Martha Bremer		
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. x	17. INFORMANT Mrs. Helen Alfrey 324 E Arrow <i>Address Marshall</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) Paralysis Agitans				INTERVAL BETWEEN ONSET AND DEATH 5 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				350X
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.)	
20c. TIME OF INJURY Hour _____ a. m. _____ 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 Nov 3rd 1909 to June 15 - 1958 and last saw her alive on June 4 - 58 and to the best of my knowledge, from the causes stated. Death occurred at A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE E. Emmerson M. Jr. (Degree or title)			22b. ADDRESS 327 E Vest Marshall Ave.	22c. DATE SIGNED 6-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
Burial	6-17-1958	Ridge Park Cemetery	Marshall, Missouri	
24. FUNERAL DIRECTOR Lucy Reser Funeral Home Marshall		25. DATE RECD. BY LOCAL REG. 6-16-58	26. REGISTRAR'S SIGNATURE Cecil G. Reed	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All No symptoms will be listed. All 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

OCT 21 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.....
Jack M. Riser

Licensed Embalmer No. *467*

P. O. Address *Marshall*

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.