

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029692

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 210 Primary Registration District No. 5773 Registrar's No. 47

Health,  
Welfare  
Public  
Service

300  
1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Mercer</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morgan Twp</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>		c. CITY OR TOWN <b>Princeton 065<sup>00</sup></b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morgan Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Princeton 065<sup>00</sup></b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb. <b>3 mls</b>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First <b>Mary</b>		Middle		Last <b>Vanderslice</b>		Month <b>8</b> Day <b>22</b> Year <b>58</b>	87
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"/> <b>2</b> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>10-3-1871</b>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <b>Harrison Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Joseph Solel</b>				14. MOTHER'S MAIDEN NAME <b>Anna Kalapalova</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. <b>none</b>		17. INFORMANT Address <b>Joe Vanderslice Princeton, 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>Cerebral hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Cerebral arteriosclerosis</b>					4 years
		DUE TO (c) <b>331X</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Fractured right hip causing invalidism</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>							
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>June 1954</b> , to <b>August 22, 1958</b> and last saw her alive on <b>August 15, 1958</b> . Death occurred at <b>1:00 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Donald H. Zahrt MD</b>				22b. ADDRESS <b>210 W. Main St. Princeton, Mo.</b>		22c. DATE SIGNED <b>8-22-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>8-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Princeton</b>		23d. LOCATION (City, town, or county) (State) <b>Princeton, Mo</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Noel Moss Princeton, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>8-22-58</b>		26. REGISTRAR'S SIGNATURE <b>Bel Moss</b>	

Name of Deceased .....  
 Address of Deceased .....  
 Date of Death .....  
 Place of Death .....  
 Name of Student Embalmer .....  
 Address of Student Embalmer .....  
 Date of Embalming .....  
 Place of Embalming .....

**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.....

Licensed Embalmer No.....

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.

RECEIVED

I have

Date of Statement .....  
 Signature of Licensed Embalmer .....