Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043462
STATE FILE NUMBER

FILED JAN 7 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 580

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN Cape Girardeau — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Southeast Missouri — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Jackson — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Route #3 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: MATHILDA Middle: Last: FUEHLER

4. DATE OF DEATH Month: Dec. Day: 23 Year: 1958

5. SEX Female **6. COLOR OR RACE** Cau. **7. MARITAL STATUS** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Oct. 19 1868 **9. AGE** (In years last birthday) 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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 ----
11. BIRTHPLACE (City and state or country) Frohna Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Schmidt
13b. MOTHER'S MAIDEN NAME Naser
14. NAME OF HUSBAND OR WIFE (Dec.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Eddie Grebe Address Jackson, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive cardiovascular disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Sept. 11, 1958 to Dec. 23, 1958 and last saw her alive on 12-22-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Jaeger, M.D. (Degree or title) **22b. ADDRESS** Jackson, Mo. **22c. DATE SIGNED** 12-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 12/26/58 **23c. NAME OF CEMETERY OR CREMATORY** Shawneetown Cem. **23d. LOCATION** (City, town, or county) Shawneetown (State) Mo.

24. FUNERAL DIRECTOR McCombs **ADDRESS** Jackson, Mo. **25. DATE RECD. BY LOCAL REG.** Dec. 30, 1958 **26. REGISTRAR'S SIGNATURE** Mr. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

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.

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 B. R. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson

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.