

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001902
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 169 Primary Registration District No. Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Edina	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital	Length of stay in 1b 1 Wk	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) First Anne Middle (None) Last Treuthart			4. DATE OF DEATH Month Feb Day 5 Year 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 23, 1876		9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hancock county, Ill USA	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John Treuthart	13b. MOTHER'S MAIDEN NAME Cathrine Ann Montgomery	14. NAME OF HUSBAND OR WIFE None	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT John Treuthart	Address Quincy, Ill
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis and Terminal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage	4 days
	DUE TO (c) Arteriosclerosis	
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 Edina, Missouri	COUNTY Knox	STATE Missouri
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21. I attended the deceased from **Jan. 27, 1959**, to **Feb. 5, '59** and last saw ~~him~~ ^{her} alive on **Feb. 5, '59**
Death occurred at **5:55 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.	22b. ADDRESS Edina, Missouri	22c. DATE SIGNED 2/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Appanoose Cemetery	23d. LOCATION (City, town, or county) (State) NIota, Ill
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24. FUNERAL DIRECTOR A. G. Rimer Hudson Funeral Home	ADDRESS Edina, Mo	25. DATE RECD. BY LOCAL REG. Feb. 6, 1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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All diseases in Part I must be causally related.
 Item 2a, b, c added by query of sum. div. 3-6-59
 USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE.

MEDICAL CERTIFICATION

NOV 17 1959

NOV 4 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
Signature of Student Embalmer

Signed *W. R. ...*

Licensed Embalmer No. *504*
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.**