Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006175

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #21 — Length of stay in Ib 70 Da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) near Ironton, Mo. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Leala Middle Dosha Last Utt

4. DATE OF DEATH Month Day Year Feb 11, 1959

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH July 2, 1876
9. AGE (In years last birthday) 82 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Rosedale, Ark.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Marshall Mashburn
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE Peter (Deceased)

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

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Coroner's View to ____ and last saw her/him alive on ____
Death occurred at 1:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James C. Pelton M.C. Coroner (Degree or title)
22b. ADDRESS Festus Mo.
22c. DATE SIGNED 2/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb 12, 59
23c. NAME OF CEMETERY OR CREMATORY Ironton
23d. LOCATION (City, town, or county) (State) Ironton, Mo

24. FUNERAL DIRECTOR ADDRESS Heiligtag--Imperial, Mo.
25. DATE RECD. BY LOCAL REG. 2-12-59
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 3 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 Arthur A. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial Mo.

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.