

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006412

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mercer</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lambert Hospital</u>			Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>*****</u>			
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Ethel</u> Last <u>Wells</u>				4. DATE OF DEATH Month <u>2</u> Day <u>12</u> Year <u>59</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 14-1882</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Mercer --Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Gilbert Wilson</u>				14. MOTHER'S MAIDEN NAME <u>Liza Hamilton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Jess Wells --Mercer --Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Myocardial insufficiency</u>							<u>1 year</u>
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Malnutrition</u>							<u>4 2 2 2</u>
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 <u>January 26, 1959</u> to <u>February 12, 1959</u> and last saw her <u>alive</u> on <u>2-11-59</u> Death occurred at <u>2:25</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Frank H. Jalbert</u> (Degree or title)				22b. ADDRESS <u>210 W. Main St. Princeton, Mo.</u>		22c. DATE SIGNED <u>2-13-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairley Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mercer County--Mo.</u>		
24. FUNERAL DIRECTOR <u>Martin Funeral Home-Princeton-Mo.</u> <u>H.C. Aycock</u>				25. DATE RECD. BY LOCAL REG. <u>2-13-59</u>		26. REGISTRAR'S SIGNATURE <u>Paul Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

alth, Welfare, Public Service, 000-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written instead. 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

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 *Lyman E. Abell*.....

Licensed Embalmer No. 5020.....

P. O. Address..... Princeton-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.