

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016619

STATE FILE NUMBER

Health, Welfare, Public Service
300-56
All diseases or conditions which are not normally fatal should be certified as such. Coroner cannot certify to a death due to natural causes. Cause of death must be causally related. Coroner cannot certify to a death due to natural causes. Cause of death must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JUN 2 1959 Registration District No. 1 Primary Registration District No. — Registrar's No. 162

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALT RIVER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BRASHEAR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi N. BRASHEAR		Length of stay in 1b	d. STREET ADDRESS 3 mi NORTH
3. NAME OF DECEASED (Type or print) First EMILIA Middle ANN Last WADDILL		4. DATE OF DEATH Month MAY Day 26 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH FEB 5 1870	9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) DEKALB COUNTY, INDIANA
13. FATHER'S NAME S. H. CORNELL		14. MOTHER'S MAIDEN NAME MARGARET PRING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	17. INFORMANT GLENN WADDICE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c)			
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.) 331X		
20c. TIME OF INJURY Hour 9:30 Month May Day 26 Year 1959 a. m. Q p. m.			
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 BRASHEAR, MO	
21. I attended the deceased from May 23, 1959 to May 26, 1959 and last saw ^{her} him alive on May 26, 1959 Death occurred at 9:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. G. Schuetz	(Degree or title) D. O.	22b. ADDRESS 2 Kaskerville, Mo	22c. DATE SIGNED 5-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 28, 1959	23c. NAME OF CEMETERY OR CREMATORY SABBATH HOME	23d. LOCATION (City, town, or county) (State) ADAIR COUNTY Mo
24. FUNERAL DIRECTOR Kelley Rogers	ADDRESS Brashear, Mo.	25. DATE RECD. BY LOCAL REG. 5-27-59	26. REGISTRAR'S SIGNATURE Dana W. Pattifff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
H. A. SCHUETZ, D. O.

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 KENLEY ROGERS....., Student Embalmer No. 580 working under my personal supervision..

Student Kelly Rogers.....
Signature of Student Embalmer

Signed Richard B. Kelly.....

Licensed Embalmer No. 448

P. O. Address Elm...

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.