

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5743**

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY PETTIS 0804		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA 0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 S. Quincy		d. STREET ADDRESS (If rural, give location) 209 S. Quincy	

3. NAME OF DECEASED (Type or Print) Grace	a. (First) Grace	b. (Middle) Deen	c. (Last) Bechtel	4. DATE OF DEATH (Month) (Day) (Year) Mar 4, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 8, 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 Foreign Country) Latham, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James McDaniel	13b. MOTHER'S MAIDEN NAME Melvina Clemmons	14. NAME OF HUSBAND OR WIFE Charles Bechtel
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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. None	17. INFORMANT'S SIGNATURE OR NAME Charles Bechtel, Houstonia, Mo.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, rheumatoid			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 1222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **2-18, 1955**, to **3-4, 1955**, that I last saw the deceased alive on **3-4, 1955**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clara Jordan Hauptbach MD	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 3-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-55	24c. NAME OF CEMETERY OR CREMATORY Highland Memorial	24d. LOCATION (City, town, or county) (State) Sedalia Mo
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DATE REC'D BY LOCAL REG. 3-5-55	REGISTRAR'S SIGNATURE Lorna Brown	25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Brown	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Leclaire 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 this body is not embalmed, fact should be so stated above.