

STANDARD CERTIFICATE OF DEATH

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5161 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Callaway c. LENGTH OF STAY (In this place) 2 1/2 years

c. CITY OR TOWN Jefferson City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Engelmann Nursing Home

e. STREET ADDRESS (If rural, give location) 121 East Ashley Street 0264

3. NAME OF DECEASED
a. (First) THERESA b. (Middle) MARY c. (Last) MERTENS 4. DATE OF DEATH (Month) (Day) (Year) July 30 - 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan. 23rd 1889 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 IF UNDER 1 YEAR Hours 8 IF UNDER 1 MIN. Min. -

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) Cole County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Kass Kuehn 13b. MOTHER'S MAIDEN NAME Katherine Kersner 14. NAME OF HUSBAND OR WIFE Deceased

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'S SIGNATURE OR NAME Francis Mertens ADDRESS Jefferson City Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis general, 20 years
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C nephrosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralytic Syndrome 8 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan, 1946, to July, 1955 that I last saw the deceased alive on July, 1955, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

22a. SIGNATURE Pres. Dwyer (Degree or title) M.D. 22b. ADDRESS Jefferson City Mo 22c. DATE SIGNED 8-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug 2nd 1955 24c. NAME OF CEMETERY OR CREMATORY Resurrection 24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

DATE REC'D BY LOCAL REG. 8/2/55 REGISTRAR'S SIGNATURE LeRoy Claypool 25. FUNERAL DIRECTOR'S SIGNATURE James L. ... ADDRESS _____

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.....
Signature of Student Embalmer

Signed *Donald P. Freeman*.....

Licensed Embalmer No. *46*.....

P. O. Address *Freem*.....

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.