

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2541BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>St. Francois Twp.</u>		c. LENGTH OF STAY (in this place) <u>8y, 9m, 24d</u>	c. CITY OR TOWN <u>Portage Des Sioux</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #4</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>09201</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dionysia</u>	b. (Middle)	c. (Last) <u>Echele</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 2, 1910</u>	9. AGE (In years last birthday) <u>45</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>24</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>Portage Des Sioux, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christ Vogt</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Saale</u>	14. NAME OF HUSBAND OR WIFE <u>Clemence J. Echele</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clemence J. Echele</u>	ADDRESS <u>Portage Des Sioux, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis (metastasis of lungs and abdominal viscera)</u>		<u>Abt. 5 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of right breast</u>		<u>Abt. 2 yrs.</u>
DUE TO (c) <u>Psychosis with syphilitic meningo-encephalitis (general paresis).</u>		<u>170XB</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Jan. 9, 1956, to Jan. 26, 1956, that I last saw the deceased alive on Jan. 26, 1956, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>1-26-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 30, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Portage Des Sioux, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 26, 1956</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Daehn</u>	ADDRESS <u>St. Charles, Mo.</u>
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(Licensed Embalmers Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1958

1958

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 *Frank R. Amalson*

Licensed Embalmer No. 483

P. O. Address *St. Charles*

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.