

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27617

STATE FILE NUMBER

FILED SEP 5 1956

Registration District No. 206 Primary Registration District No. 5749 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Roselle TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Roselle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Roselle, Mo.			Length of stay in 1b 7 yrs.	d. STREET ADDRESS None (If outside, give location)			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nettie Middle May Last King				4. DATE OF DEATH Month August Day 24 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Painsville, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Charles Paul				14. MOTHER'S MAIDEN NAME Carrie Baker			
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. Unknown	17. INFORMANT Address Mo. Asa W. King, Rt. 3, Fredericktown,				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic myocarditis with coronary insufficiency				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 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.)				
20c. TIME OF INJURY Hour 4:20 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 Fredericktown Mo.		COUNTY STATE	
21. I attended the deceased from 30/1/18/54 to date and last saw her alive on 8/23/56 Death occurred at 7:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. Grooman (Degree or title) MD				22b. ADDRESS Fredericktown Mo.		22c. DATE SIGNED 8/25/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/28/56	23c. NAME OF CEMETERY OR CREMATORY Saranac Cemetery		23d. LOCATION (City, town, or county) (State) Saranac, Mich.		
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown			ADDRESS Mo.	25. DATE RECD. BY LOCAL REG. 8-25-1956	26. REGISTRAR'S SIGNATURE Therance Siebe		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Coroner cannot certify to a death due to natural causes.
 Diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard forms.
 1870

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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FILE NO. 256-36

SEP 17 1956

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 Charles Mcarty

Licensed Embalmer No. 48

P. O. Address Fredricks

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.