

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31179

State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY OR TOWN <u>MAXVILLE</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>MAXVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT 2 BOX 87 B ARNOLD MO</u>				e. STREET ADDRESS (If rural, give location) <u>RT 2-BOX 87 B ARNOLD, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u> b. (Middle) _____ c. (Last) <u>HERDIBU</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-1-1956</u>				
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>MAY-16-1885</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>		IF UNDER 12 HRS. Hours _____ Min. _____			
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 <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MARTIN WAGNER</u>			13b. MOTHER'S MAIDEN NAME <u>YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>ALEXANDER HERDIBU</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-09-2998</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR ALEXANDER HERDIBU</u>			
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) <u>Cbr. Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Arnold Jefferson Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arnold Jefferson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4221</u>			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>56</u> , to <u>10/1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/29</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Heich Mo</u>				23b. ADDRESS <u>Immaculate Conception</u>		23c. DATE SIGNED <u>10/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-5-1956</u>		24c. NAME OF CEMETERY OR CREMATOR <u>IMMACULATE CONCEPTION</u>		24d. LOCATION (City, town, or county) (State) <u>ARNOLD, MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 8, 1956</u>		REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FEY FUNERAL HOME</u>			
				ADDRESS <u>MEHVILLE MO</u>			

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

9961 47 100

DATE RECEIVED

OCT 10 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, *Oliver R. Sedwell*

Licensed Embalmer No. *4077*

P. O. Address *H. L. Lorne*

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.