

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1956

State File No. 31616

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5913</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Bois Brule TWP</u>		c. LENGTH OF STAY (in this place) <u>48 Yrs</u>		c. CITY OR TOWN <u>Rural, Bois Brule TWP</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>U</u> No <u>U</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Menfro Star Rte #1</u>				e. STREET ADDRESS (If rural, give location) <u>Menfro Star Rte #1</u> <u>0790</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) _____ c. (Last) <u>Valleroy</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 11, 1907</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Moldenhauer</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Gerstacker</u>		14. NAME OF HUSBAND OR WIFE <u>Gilbert Valleroy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gilbert Valleroy, Menfro Star Rt #1</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>Cerebro - Vascular</u>  ANTECEDENT CAUSES Morbidity 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.  SEAL CORONER of Perry County Mo.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>7-31-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cerebro - Vascular</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Menfro Star</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Menfro Perry Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 31 1956</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>March 19</u> , 19 <u>19</u> , to <u>July 31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 31</u> , 19 <u>56</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Niedman</u> <u>Coroner of Perry County, Mo.</u>				23b. ADDRESS <u>Young &amp; Sons Perryville Mo.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6-56</u>		REGISTRAR'S SIGNATURE <u>Joseph Zollner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young &amp; Sons Perryville Mo.</u>			

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

259

3561 E 2 NOV  
1961 E 8 NOV

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.....

*Walter Young*

Licensed Embalmer No. 4027

P. O. Address *Perryville*

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.