

Doctor, coroner, etc. must use only standard momentary notation for diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40856
STATE FILE NUMBER

FILED DEC 27 1956

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 63

0201
00
56

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>El Dorado Mo</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>Montevalla</u> <u>0200</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Chambers Emergency Hosp</u>		Length of stay in lb	d. STREET ADDRESS <u>Rt 1</u> (If outside, give location)
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>SUSIE</u>	First	Middle	Last	4. DATE OF DEATH <u>12-19-56</u>
				Month
				Day
				Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 1 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	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	11. BIRTHPLACE (City and state or country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	---

13. FATHER'S NAME <u>Louis Kneudler</u>	14. MOTHER'S MAIDEN NAME <u>Katherine Walters</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>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Lucius Bettes Montevalla Mo</u>	Address <u>RT 1</u>
--	--------------------------------------	---	------------------------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxia</u>	<u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Bulbar paralysis</u>	<u>1 week</u>
DUE TO (c) <u>Cerebral thrombosis</u>	<u>1 "</u>
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 checked="" type="checkbox"/>	<u>332X</u>
---	-------------

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 a. m. p. m. 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	COUNTY	STATE
--	---	------------------------------	--------	-------

21. I attended the deceased from 12-13-56 to 12-19-56 and last saw ^{her}/_{him} alive on 12-19-56
Death occurred on 7 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas Underwirth MD</u>	(Degree or title)	22b. ADDRESS <u>El Dorado Spas.</u>	22c. DATE SIGNED <u>12/26/56</u>
---	-------------------	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-21-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cleburnelle</u>	23d. LOCATION (City, town, or county) (State) <u>Cedar Co. Mo</u>
---	------------------------------	--	--

24. FUNERAL DIRECTOR <u>Wofar El Dorado Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-21-56</u>	26. REGISTRAR'S SIGNATURE <u>George W Wofar</u>
---	---------	---	--

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

97004

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.....

Licensed Embalmer No.....

P. O. Address.....

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.