

FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 12

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		c. CITY OR TOWN <b>Lamar</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Barton County Hosp.</b>		d. STREET ADDRESS <b>509 East 10th St.</b>	
3. NAME OF DECEASED (Type or print) <b>B LANCHE</b>		4. DATE OF DEATH <b>Jan. 27, 1957</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 2, 1890</b>	
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor</b>	
100. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery Store</b>		11. BIRTHPLACE (City and state or country) <b>Barton Co., Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Charles Webb</b>	
14. MOTHER'S MAIDEN NAME <b>Myrtle Callison</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>495-36-3309</b>		17. INFORMANT <b>Mr. R. L. Potter, Lamar, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Jan 27, 57</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes mellitus</b>	
19. WAS AUTOPSY PERFORMED? <b>3</b> 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 _____ Month, Day, Year _____ a. m. _____ p. m. _____	
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 <b>Jan. 21, 1957</b> to <b>Jan. 27, 1957</b> and last saw her alive on <b>Jan. 27, 1957</b> Death occurred on <b>Jan 27</b> at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Therese T. Diebel, MD</b> (Degree or title)		22b. ADDRESS <b>Lamar, Mo</b>	
22c. DATE SIGNED <b>1/28/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>1-30-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Morehead Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Barton County, Missouri</b>		23e. STATE (State)	
24. FUNERAL DIRECTOR ADDRESS <b>Chiles Funeral Home, Lamar, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 29 57</b>	
26. REGISTRAR'S SIGNATURE <b>Marie Konantz</b>			

FEB 6 1957

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 W. Chiles* .....

Licensed Embalmer No. *34*

P. O. Address *Terminal 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.