THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

702

STATE FILE NUMBER

FILED JAN 11 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Mary's Hospital — Length of stay in 1b one month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1326 Hough Street — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First ELIZABETH Middle (NMN) Last OETTING

4. DATE OF DEATH: Month Jan Day 3rd Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 22 1899

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 5 Days 11 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Warren County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Koelling

14. MOTHER'S MAIDEN NAME: Louise Steinmetz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Address: Mr Louis Oetting Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lymphosarcoma - generalized — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

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) 200.1

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 June 26 1956 to Jan. 3, 1957 and last saw her him alive on Jan. 3 1957. Death occurred at 4 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Everett D Sugarbaker (Degree or title) M.D.

22b. ADDRESS Jefferson City, Mo.

22c. DATE SIGNED 1-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan 6th '57

23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Tanner Funeral Home Jefferson City Mo

25. DATE RECD. BY LOCAL REG.: 8 January 1957

26. REGISTRAR'S SIGNATURE: R. P. Norris MA-MR

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald P. Freeman
Donald P. Freeman

Licensed Embalmer No. 462

P. O. Address Jefferson Ci
Missouri

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