No. 300
10-48

FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1966

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. V

0

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo COUNTY: Macon
c. CITY OR TOWN: New Cambria
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): —

0610 0

3. NAME OF DECEASED (Type or Print)
a. (First): Iola b. (Middle): c. (Last): St Rouse

4. DATE OF DEATH (Month) (Day) (Year): 1 - 13 - 57

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-6-82
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Kellog Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Richardson
13b. MOTHER'S MAIDEN NAME: Betty Simpson
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Neville Strauss ADDRESS: Bowie Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES (Increased intra Cranial Pressure
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive intraventricular Cerebral hemorrhage et Thrombotic Encephalomalacia — Acute

DUE TO (c) Arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10-15 yrs.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY: YES ☐ NO ☒ 331X

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 13, 1957, *to* Jan. 13, 1957, *that I last saw the deceased alive on* Jan. 13, 1957, *and that death occurred at* 1:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: William J. Freitas, D.O. (Degree or title)
23b. ADDRESS: New Cambria, Mo.
23c. DATE SIGNED: 1-17-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-15-57
24c. NAME OF CEMETERY OR CREMATORY: Arpwood
24d. LOCATION (City, town, or county) (State): Macon Mo

DATE REC'D BY LOCAL REG.: 1/30/57
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE: H. G. Edwards ADDRESS: Bowie Mo

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

185-1

Date Filed 2-7-3

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. G. Edwards

Licensed Embalmer No. 196

P. O. Address Bevier, Mo

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