

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5367  
STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORDIA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CONCORDIA</u>		0540 0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>811 GORDON ST</u>			Length of stay in lb <u>11 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>811 GORDON ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LOUISE</u> Middle <u>MARIA</u> Last <u>DWENSING</u>				4. DATE OF DEATH Month <u>FEB</u> Day <u>26</u> Year <u>1957</u>			
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>MAY 29, 1879</u>		9. AGE (In years last birthday) <u>77</u>	
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 <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>LIPPSTADT, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>WILLIAM MEYER</u>				14. MOTHER'S MAIDEN NAME <u>PAULINE STOCK</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 Address <u>EDWARD H. DWENSING CONCORDIA, MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Cerebral hemorrhage - Nov 1956</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs</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.) <u>2</u>				
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 <u>CONCORDIA</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Jan 14, 1953</u> to <u>Feb 26, 1957</u> and last saw <u>her</u> alive on <u>FEB 21, 1957</u> Death occurred at <u>1104 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. Brady, M.D.</u> (Degree or title)				22b. ADDRESS <u>Concordia, Mo</u>		22c. DATE SIGNED <u>2/28/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MARCH 1, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL</u>		23d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>E. S. Jones Concordia, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>March 1-1957</u>		26. REGISTRAR'S SIGNATURE <u>Clayton A. Landrum</u>		

MAR 28 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 Mr. [Signature], Student Embalmer No. .... working under my personal supervision. . .

Student .....  
Signature of Student Embalmer

Signed E. S. James .....  
Licensed Embalmer No. 205  
P. O. Address London, Ontario

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.