

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7491

FILED APR 10 1957

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Laddonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Catherine				First Catherine		Middle Maxwell	
4. DATE OF DEATH 3-29-1957		Month 3 Day 29 Year 1957		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-22-1883		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Laddonia Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Ehrlich				14. MOTHER'S MAIDEN NAME Sophia Schmidt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 564-07-3206		17. INFORMANT John Hitz Laddonia, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myo-cardial decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Heart Disease DUE TO (c) Hypertension							INTERVAL BETWEEN ONSET AND DEATH 2 weeks 8 years 10 years
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"/> 2
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 10:45 Month 3 Day 29 Year 1957 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 3-25-57 to 3-29-57 and last saw her ^{her} him alive on 3-29-57 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE K. H. Schwan (Degree or title) 190. 2				22b. ADDRESS 190. 2		22c. DATE SIGNED 4-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 441-1957	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery		23d. LOCATION (City, town, or county) (State) Laddonia, Missouri		
24. FUNERAL DIRECTOR Walter Pinkoff Laddonia, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. Mar 30-1957		26. REGISTRAR'S SIGNATURE Blanche Neely		

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 *Clyde Wilkey*.....

Licensed Embalmer No. 38

P. O. Address *Berry*

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.