

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9238

STATE FILE NUMBER

FILED APR 1 - 1957

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 38

300
1-56

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY LAFAYETTE		a. STATE MISSOURI	b. COUNTY LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEXINGTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CONCORDIA	0540 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL	Length of stay in 1b 7 DAYS	d. STREET ADDRESS 202 MAIN ST	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First IDA	Middle HELEN	Last WILKENS	Month MARCH	Day 15	Year 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 11 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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) CONCORDIA, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN OELRICH			14. MOTHER'S MAIDEN NAME CHARLOTTE REHKOP		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO	17. INFORMANT ADDRESS HUDBERT WILKENS CONCORDIA, MO		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive cardiovascular disease with aneurysmal dilatation	Several years
	DUE TO (c) 260X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetic mellitus in coma - 1 wk; left papilledema		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 CONCORDIA	COUNTY STATE

21. I attended the deceased from July 28, 1948 to March 15, 1957 and last saw her alive on Mar 15, 1957
Death occurred at 3:54 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. S. Brady, M.D. (Degree or title)
22b. ADDRESS Concordia, Mo
22c. DATE SIGNED 3/16/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-18-57	23c. NAME OF CEMETERY OR CREMATORY ST PAUL'S	23d. LOCATION (City, town, or county) CONCORDIA, MO
24. FUNERAL DIRECTOR E. S. James	ADDRESS Concordia, Mo	25. DATE RECD. BY LOCAL REG. 3-20-57	26. REGISTRAR'S SIGNATURE M. E. Eastman

(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 causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

56

APR 2 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 me Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed E. J. James
Licensed Embalmer No. 205
P. O. Address Concordia

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