Health, Welfare Public Service

300
1-56

FILED MAR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11880
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Warren	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Truesdale — Inside Limits Yes X No ☐	c. CITY OR TOWN Wright City 10960 — Inside Limits Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 9 miles south — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Collie, Middle Ann, Last Justus

4. DATE OF DEATH: Month March, Day 10, Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: March 23, 1886

9. AGE (In years last birthday): 70 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Lincoln County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John House

14. MOTHER'S MAIDEN NAME: Betty Sitton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs. Gilbert Twiehaus, Truesdale, 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) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 4 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — ok

DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 March 8 1957 to March 10 1957 and last saw her/him alive on March 10 1957

Death occurred at 7:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold Hochscher MD

22b. ADDRESS: Warrenton Mo

22c. DATE SIGNED: March 12 1957

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

23b. DATE: 3-13-57

23c. NAME OF CEMETERY OR CREMATORY: Highland Prairie

23d. LOCATION (City, town, or county) (State): Lincoln County, Mo.

24. FUNERAL DIRECTOR ADDRESS: F.W.Nieburg & Co., Warrenton, Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 13. 1957

26. REGISTRAR'S SIGNATURE: Floyd Logan

(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

21-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Thieburg.....

Licensed Embalmer No. 389.

P. O. Addre Warrenton,

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