. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

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

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 14088

Registration District No. 261 Primary Registration District No. 2048 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Nodaway b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Inside Limits Yes ☐ X No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital — Length of stay in Ib 2 das	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway c. CITY OR TOWN Maryville 0742 0 — Inside Limits Yes ☐ X No ☐ d. STREET ADDRESS (If outside, give location) 418 S Main — Reside on Farm Yes ☐ X No ☐

3. NAME OF DECEASED (Type or print) — First: Vernoica Middle: Mary Last: Hall

4. DATE OF DEATH — Month Day Year: 4 - 11 -1957

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: 3-1-1875

9. AGE (In years last birthday): 82 — 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: home-own

11. BIRTHPLACE (City and state or country): Maryville, Mo 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Valentine Stephan

14. MOTHER'S MAIDEN NAME: Elizabeth Eisferding

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: Mrs Ray Eckles, Address: 418 S Main, Maryville, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary sclerosis — 2

DUE TO (c) — 1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 June 20 1956 to April 11 1957 and last saw her/him alive on 4-11-1957. Death occurred at 4-11-1957 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. F. Blount (Degree or title) M.D. 0

22b. ADDRESS: Maryville Mo

22c. DATE SIGNED: 4/15/57

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

23b. DATE: 4/13/1957

23c. NAME OF CEMETERY OR CREMATORY: St Joseph Cem.

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

24. FUNERAL DIRECTOR: S M Atchison — ADDRESS: Maryville Mo

25. DATE RECD. BY LOCAL REG.: 4-20 57

26. REGISTRAR'S SIGNATURE: Bess Bolt

(Licensed Embalmer's Statement on Reverse Side)

229

APR 24 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. M. Atchison

Licensed Embalmer No. 22

P. O. Address Maryville

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