

Arnold
FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30768
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hoberg, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Potts Rest Home</u> Length of stay in lb <u>1 mo.</u>		d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>—</u> Last <u>Fieker</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>4</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June-20-1859</u>	9. AGE (In years last birthday) <u>98</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Haulton Illinois</u>	
13. FATHER'S NAME <u>August Spilker</u>			14. MOTHER'S MAIDEN NAME <u>Louise Winkie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT (Nephew) address <u>St. Kennon Mo-R3</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>Sepsis</u> DUE TO (b) <u>Decubitus ulcers</u> DUE TO (c) <u>4500</u>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Generalized Arteriosclerosis and</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 and Part II of item 18.) <u>Smile</u>	
20c. TIME OF INJURY Hour <u>8:25</u> Month <u>9</u> Day <u>4</u> Year <u>57</u> 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 <u>Lamar Missouri</u>		COUNTY STATE

21. I attended the deceased from 9-4-57 to 10-4-57 and last saw her alive on 9-29-57
Death occurred at 8:25 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D. 22b. ADDRESS Lamar Missouri 22c. DATE SIGNED 10-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct-6-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>2 mi. S.W. Hoberg Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>H. D. Fossett - Mt. Kennon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 4 - 1957</u>	26. REGISTRAR'S SIGNATURE <u>Marie Korantz</u>

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. 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

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 W. D. Lovell.....

Licensed Embalmer No. 27

P. O. Address mt. vernon

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.