

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32556

State File No.

No. 300
10.48

FILED SEP 20 1957

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5663 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Clark</u>		c. LENGTH OF STAY (in this place) <u>7 yr</u>	c. CITY OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Miles S.W. of Troy MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles S.W. of Troy MO.</u>	
a. (First) _____	b. (Middle) _____	c. (Last) <u>Martha Genzling</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7, 1881</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Month <u>1</u> Day <u>14</u>	IF UNDER 24 HRS. 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>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Troy MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ben Teasley</u>	
13b. MOTHER'S MAIDEN NAME <u>May Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Genzling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Genzling</u> ADDRESS <u>Troy MO.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>June 2, 1957</u> , to <u>August 21, 1957</u> , that I last saw the deceased alive on <u>Aug 17, 1957</u> , and that death occurred at <u>11:10 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H.R. Kelley</u> (Degree or title) <u>P.O.</u>		23b. ADDRESS <u>Troy Mo</u>	
23c. DATE SIGNED <u>Aug 23-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 23, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Mc Coy</u> ADDRESS <u>Troy Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-20-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. L. Ricks</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *D. W. McCoy*

Licensed Embalmer No. *3586*

P. O. Address *Troy Mo.*

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.