

S. 300
ev. 1-56

Securing the medical certification in the specified manner required by 193.140 MoRS 1949.
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

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43192

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6118 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Benton</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>Home in Benton</u> Length of stay in lb <u>40 years</u>		d. STREET ADDRESS <u>None</u> (If outside, give location) ¹⁰²⁰ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle <u>A.</u> Last <u>Deinken</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>18</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 14, 1883</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Charleston, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>John Bles</u>	
14. MOTHER'S MAIDEN NAME <u>Epplonia Glastetter</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Tony Deinken</u> Address <u>Benton, Mo.</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>Generalized Carcinomatosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>mo.s.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of the Liver</u>			<u>mo.s.</u>
DUE TO (c) <u>Carcinoma of the Gall Bladder.</u>			<u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1552</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 or Part II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>		20d. INJURY OCCURRED WHILE AT <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>Benton</u> COUNTY <u>Mo.</u> STATE <u> </u>	
21. I attended the deceased from <u>Nov. 5, 1957</u> to <u>Nov. 18, 1957</u> and last saw her ^{her} _{deceas} alive on <u>Nov. 18, 1957</u> . Death occurred at <u>3 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. P. Brogan, D. O.</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Benton, Mo.</u>	
22c. DATE SIGNED <u>Nov. 20, 1957.</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-19-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Denis Cath. Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Benton, Mo.</u>		(State) <u> </u>	
24. FUNERAL DIRECTOR <u>Ford & Sons</u> ADDRESS <u>Benton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-28-57</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>			

DATE RECEIVED DEC 8 1957.

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-247

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 Walter J. Ford, Student Embalmer No. 587, working under my personal supervision..

Student Walter J. Ford
Signature of Student Embalmer

Signed G. J. Lorberg
Licensed Embalmer No. 381

P. O. Address Life Guard

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.