

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45270

STATE FILE NUMBER

DEC 30 1957

Registration District No. 273 Primary Registration District No. 5919 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PERRY</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SALINE TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>0790</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARY'S MONASTERY</u>		Length of stay in lb <u>3 YRS</u>		d. STREET ADDRESS (If outside, give location) <u>ST MARY'S MONASTERY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>OPAL</u> Middle <u>ANN</u> Last <u>OCHS</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>26</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 checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 19 1950</u>	9. AGE (In years last birthday) <u>6</u>	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) <u>SCHOLAR</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CHESTER ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>UNKNOWN</u>				14. MOTHER'S MAIDEN NAME <u>MABEL BACH</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT <u>MABEL (BACH) OCHS Lehigh, Mo</u>		Address			
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>Gun Shot wound in Abdomen</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9190</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>Discharged - 12 gauge Shot Gun</u>							
20c. TIME OF INJURY <u>4:45 P.M. NOV. 26-57</u>	Hour _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM Home - Rd 1</u>	20f. CITY, TOWN, OR LOCATION <u>ST MARYS, MO</u>	COUNTY <u>Perry</u>	STATE <u>MO</u>				
21. I attended the deceased from _____ Coroner of Perry County, Mo. to _____ Coroner of Perry County, Mo. and last saw her alive on _____ Death occurred at <u>4:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Wm. McDaniel</u> (Degree or title) Coroner of Perry County, Mo.			22b. ADDRESS <u>Perryville, Missouri</u>		22c. DATE SIGNED <u>11/29/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV 29 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S</u>	23d. LOCATION (City, town, or county) <u>ST MARY'S</u>	(State) <u>MO.</u>				
24. FUNERAL DIRECTOR <u>Sec. Bach & Associates Mo 1</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Nov 30, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Jo J. Zoeller</u>				

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 *Adrian J. Filer*

Licensed Embalmer No. *474*

P. O. Address *St. Bonavent*

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.