Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004365
STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Barry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Monett — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Wentworth 8130 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Vincents — Length of stay in 1b 3days	d. STREET ADDRESS (If outside, give location) 3 mile N. Wentworth — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Grace Middle Marcella Last Mettlach

4. DATE OF DEATH Month 3 Day 5 Year 1958

5. SEX F

6. COLOR OR RACE Wh

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 6-1-1901

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 9 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Sarcoxie Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Gollhoffer

13b. MOTHER'S MAIDEN NAME Mary Nogel

14. NAME OF HUSBAND OR WIFE Louis J. Mettlach

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 Louis J. Mettlach Address Wentworth 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 wk

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

~~DUE TO (b)~~ Diabetes mellitus — 2 yrs

~~DUE TO (c)~~ Chronic nephritis — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auricular Fibrillation 491X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 3-1-58, to 3-5-58 and last saw her/him alive on 3-5-58

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Ken MD

22b. ADDRESS Monett Mo

22c. DATE SIGNED 3-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-7-1958

23c. NAME OF CEMETERY OR CREMATORY St. Agnes cemetery

23d. LOCATION (City, town, or county) Newton County (State) Mo.

24. FUNERAL DIRECTOR Wilks Bros. ADDRESS Pierce City Mo.

25. DATE RECD. BY LOCAL REG. 3-7-58

26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 358 - 52

DATE REC. 3-10-58

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~~ Edwin Wilks, Student Embalmer No. .....

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City 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.