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disease 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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004704  
STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 47 Primary Registration District No. 5167 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Liberty Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rfd Auxvasse</b>			Length of stay in hb <b>life</b>			d. STREET ADDRESS (If outside, give location) <b>RFD Auxvasse</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Ada Telkeper</b>				First <b>Ada</b> Middle <b>Telkeper</b> Last		4. DATE OF DEATH Month <b>March</b> Day <b>4</b> Year <b>1958</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 27, 1879</b>		9. AGE (In years last birthday) <b>78</b>		
IF UNDER 1 YEAR Months <b>7</b> Days		IF UNDER 24 HRS. Hours <b>0</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home maker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		
11. BIRTHPLACE (City and state or country) <b>Callaway County Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>						
13. FATHER'S NAME <b>Henry Telkeper</b>				14. MOTHER'S MAIDEN NAME <b>Amelia Dean</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Herman Telkeper</b> Address <b>Hatten Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis.</b>								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>arterio-sclerosis hypertension</b>						4201		
		DUE TO (c) <b>decompensated by hyper-tension</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Had an enlarged spleen but many organs.</b>								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 or Part II of item 18.)							
20c. TIME OF INJURY Hour <b>2:45</b> a. m. 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>1952</b> to <b>Mar 4-1958</b> and last saw her alive on <b>Mar 3/58</b> Death occurred at <b>2:45 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Paul Lawrence</b>				22b. ADDRESS <b>Fulton Mo</b>				22c. DATE SIGNED <b>3/7/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/6/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hatten</b>			23d. LOCATION (City, town, or county) (State) <b>Hatten, Missouri.</b>			
24. FUNERAL DIRECTOR <b>Margaret Funder Fulton</b>				ADDRESS <b>Fulton</b>		25. DATE RECD. BY LOCAL REG. <b>March 8, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>		

VS NOV 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. J. Ross*.....

Licensed Embalmer No. *25*

P. O. Address *Amherst*

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.