

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006253

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		c. CITY OR TOWN Edina	
c. FULL NAME OF HOSPITAL OR INSTITUTION Dona Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Sarah Middle Ann Last Petters		4. DATE OF DEATH Month Feb. Day 7 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Scotland Co., Missouri	
10b. KIND OF BUSINESS OR INDUSTRY Housewife		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Sylvester Hilbrant		14. MOTHER'S MAIDEN NAME Evan Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Edgar Petters, Edina, Mo.	
15. SOCIAL SECURITY NO. 0		17. ADDRESS Edina, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Circulatory failure DUE TO (b) Thrombotic Encephalomalacia + prolonged Recumbency DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH hours unknown
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 3:32 a. m. x Month, Day, Year		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY STATE	
21. I attended the deceased from 1956 to Feb. 7, 1958 and last saw her alive on Feb. 7, 1958 Death occurred at 8:45 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. H. Gibson, D.D. (Degree or title)		22b. ADDRESS Edina Mo.	
22c. DATE SIGNED 2-10-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Feb. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Greensburg Cemetery	23d. LOCATION (City, town, or county) (State) Greensburg, Missouri
24. FUNERAL DIRECTOR'S ADDRESS Walter P. Burt		25. DATE RECD. BY LOCAL REG. Feb. 11-1958	26. REGISTRAR'S SIGNATURE Belle A. Hunsolt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Myself Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Fred Gusts Jr

Licensed Embalmer No. 4

P. O. Address Mo

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.