

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008447

STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> COUNTY <u>Genevieve</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Ste. Genevieve</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWNSHIP <u>Ste. Genevieve 0951</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>Ste. Ben Rest Home</u>			Length of stay in 1b <u>10 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>Little Rock Road</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>MARCELIOUS</u> Last <u>Hiels</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>20</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Sept 5, 1876</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and state or country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Walter Scott Hiels</u>				14. MOTHER'S MAIDEN NAME <u>Premelia Gooding</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-07-0243</u>		17. INFORMANT <u>Ste. Ben Rest Home</u>		Address <u>Ste. Genevieve 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>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last. } DUE TO (b) <u>Atherosclerosis</u> 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>4221</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>10 yrs</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 _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>1930</u> , to <u>Feb. 20 1958</u> and last saw <sup>her</sup> him alive on <u>Feb 19 1958</u> Death occurred at <u>8:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur E. ... M.D.</u>				22b. ADDRESS <u>Ste. Genevieve Mo</u>		22c. DATE SIGNED <u>2-20-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-21-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>		23d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Mo</u>		
24. FUNERAL DIRECTOR <u>Jerome L. ... Ste. Genevieve Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Feb. 21, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Quillie ...</u>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in their reports. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Health, Welfare, Public Service

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James H. Stanton*

Licensed Embalmer No. 381

P. O. Address *St. Louis*

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.