

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009370
State File No.

FILED APR 15 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 29

331

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent #331</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>N. Main Street</u>	

3. NAME OF DECEASED (Type or Print) <u>BESSIE</u>	a. (First) <u>BELLE</u>	b. (Middle) <u>A</u>	c. (Last) <u>DELMAN</u>	4. DATE OF DEATH <u>April 7 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>Oct 12 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles W. Midd augh</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bollman</u>	14. NAME OF HUSBAND OR WIFE <u>F.A. Adelman (Deed)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Murlyn Heavin</u>	ADDRESS <u>Salem, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/5, 1958, to 4/7, 1958, that I last saw the deceased alive on 4/7, 1958, and that death occurred at 12:30A., from the causes and on the date stated above.

23a. SIGNATURE <u>M Midd augh</u>	(Degree or title) <u>U</u>	23b. ADDRESS <u>Salem Missouri</u>	23c. DATE SIGNED <u>4/7/58</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 8 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4/7/58</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D./P.L.M.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max E. Warfel</u>	ADDRESS <u>Salem, Mo</u>
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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 embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Max E. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *Salmon, M.*

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.