

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010854

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 98

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)			
a. COUNTY <u>NODAWAY</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARYVILLE</u>		c. CITY OR TOWN <u>CONCEPTION 0740</u>		d. STREET ADDRESS <u>WEST PART OF TOWN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARYVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CONCEPTION 0740</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>ST. FRANCIS HOSP 14 HRS.</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX	
First <u>MARY</u> Middle <u>ELIZABETH</u> Last <u>WALTER</u>			Month <u>FEB.</u> Day <u>1</u> Year <u>1958</u>			FEMALE	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV. 18, 1873</u>		9. AGE (In years last birthday) <u>84</u>	
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>HOME</u>		11. BIRTHPLACE (City and state or country) <u>CLYDE MO. O.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN SCHIEBER</u>				14. MOTHER'S MAIDEN NAME <u>HENERRITA MEYER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>P. J. WALTER, STANBERRY, 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>C-V Remerbolge -</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>331X</u> 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 <u>1 Mo. 4 Wks 10 days</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 <u>4:45 AM</u> Month <u>1</u> Day <u>31</u> Year <u>58</u>		20d. INJURY OCCURRED WHILE AT <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 <u>Maryville Mo.</u>		COUNTY		STATE	
21. I attended the deceased from <u>1-31-58</u> to <u>2-1-58</u> and last saw her alive on <u>1-31-58</u> Death occurred at <u>4:45 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John E. ... M.D.</u>				22b. ADDRESS <u>Maryville Mo.</u>		22c. DATE SIGNED <u>2/4/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-4-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. COLUMBA</u>		23d. LOCATION (City, town, or county) <u>CONCEPTION, MO.</u>		(State)
24. FUNERAL DIRECTOR <u>JOHNSON FUNERAL HOME</u>			25. DATE RECD. BY LOCAL REG. <u>3-29-58</u>		26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>		

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leslie Johnson*
.....

Licensed Embalmer No. *499*

P. O. Address *Staubers*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.