

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1958

58-013012
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 24

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1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <i>Missouri</i> by COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Union Twp.</i>		c. CITY OR TOWN <i>Union Twp.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4 mi E. Old Mines all g. lya</i>		d. STREET ADDRESS (If outside, give location) <i>4 mi E. Old Mines</i>	

3. NAME OF DECEASED (Type or print) <i>Edward Daley Partell</i>			4. DATE OF DEATH Month <i>March</i> Day <i>18</i> Year <i>1958</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 6 1884</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>11</i> Day <i>12</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>miner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>mining</i>		11. BIRTHPLACE (City and state or country) <i>Washington Co. Mo.</i>	

13a. FATHER'S NAME <i>Geno Partell</i>		13b. MOTHER'S MAIDEN NAME <i>Ludinda Christopher Deas</i>		14. NAME OF HUSBAND OR WIFE <i>Sadie Bayer Ladet Rt. 1 Mo.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT <i>Sadie Bayer Ladet Rt. 1 Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hemorrhage from bowels from cancer of liver and bowels.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1539</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i></i>			

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.) <i></i>		
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a.m. <i></i> p.m. <i></i>					

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.) <i></i>		20f. CITY, TOWN, OR LOCATION <i></i>	
21. I attended the deceased from Death occurred at <i>Sept. 19, 58</i> , to <i>March 19, 58</i> last saw him alive on <i>March 10, 1958</i> <i>2-15 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>A. F. Creswell MD</i>		(Degree or title) <i>MD</i>		22b. ADDRESS <i>Partell, Mo.</i>	
22c. DATE SIGNED <i>3/18/58</i>					

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-20-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Joachim Cem.</i>	
23d. LOCATION (City, town, or county) <i>Washington Co. Mo.</i>		(State) <i></i>			

24. FUNERAL DIRECTOR <i>Mrs. Luther Spiker Partell Mo.</i>		ADDRESS <i></i>		25. DATE RECD. BY LOCAL REG. <i>3/18/58</i>	
26. REGISTRAR'S SIGNATURE <i>A. F. Creswell</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 26 1958

APR 10 1958

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 *J. Murphy L. Sp...*

Licensed Embalmer No. *4236*
P. O. Address *St. Louis, Mo*

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.