

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013723
State File No.

FILED MAY 9 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5389 Registrar's No. 40

0330

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

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Dent	
b. CITY OR TOWN Bunker		c. LENGTH OF STAY (In this place) 15 yrs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mainstreet		e. STREET ADDRESS (If rural, give location) Main street	

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3. NAME OF DECEASED (Type or Print) Jessie - Metzger			4. DATE OF DEATH April 26-58	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar 30 1888	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Indiana	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jake Harding		
13b. MOTHER'S MAIDEN NAME Georgia Whorton		14. NAME OF HUSBAND OR WIFE Herman Metzger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallice Metzger Bunker Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Senile arteriosclerosis		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) 331X Bunker Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1957, to 4-24, 1958 that I last saw the deceased alive on 4-24, 1958, and that death occurred at 5:20A m., from the causes and on the date stated above.

23a. SIGNATURE Glen Newman D.O.		23b. ADDRESS Centerville, Mo.		23c. DATE SIGNED 4-30-58
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE April 28 1958	24c. NAME OF CEMETERY OR CREMATORY Bunker Cem	24d. LOCATION (City, town, or county) (State) Bunker Mo	
DATE REC'D BY LOCAL REG. 5/5/58	REGISTRAR'S SIGNATURE M. M. Hart, M. D. / P. L. M.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Spenser Salem Mo		

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.....
Carl H. Pinner

Licensed Embalmer No. *232*

P. O. Address *Tulsa*

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.