

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015219
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 197

Health,
& Welfare
Public
Service

3. 300
1-57

304

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia R.R. 5</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>		Length of stay in <u>5 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>8 miles W of Pettis</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY-ELIZABETH-DILTHEY</u>			4. DATE OF DEATH Month Day Year <u>April 10, 1958</u>
5. SEX <u>Female</u>	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>Feb 7, 1875</u>
9. AGE (In years, months, days) <u>83</u>		IF UNDER 1 YEAR Month Day Hours Min. <u>2 3</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Evansville, Ind.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Fred Schneider</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Schneider</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Dilthey, Jr.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>4221</u>	
17. INFORMANT <u>Grace Dwyer Warrensburg Mo.</u>		Address	
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>Arteriosclerotic C.V. disease</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4221</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
21. I attended the deceased from <u>Nov 1957</u> to <u>Apr 58</u> and last saw her alive on <u>Apr 10 1958</u> Death occurred at <u>9:35 PM</u> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. Siegel MD</u>		22b. ADDRESS <u>Smithton Mo</u>	22c. DATE SIGNED <u>4/11/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>April 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
24. FUNERAL DIRECTOR <u>Hays-Trenter, Pilot Grove Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-16-1958</u>	26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u>

MAR 20 1959

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 *Robert L. Painter*

Licensed Embalmer No. *4069*
P. O. Address *Pilot Grove*

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.