

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015946

STATE FILE NUMBER

FILED MAY 8 1958

318

1003

4431

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Francois 0940	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Bonne Terre	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
16 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Length of stay in 1b	
d. STREET ADDRESS Route 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dallas Middle Sylvadore Last House			4. DATE OF DEATH Month April Day 20 Year 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1884
9. AGE (In years by birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	11. BIRTHPLACE (City and state or country) Belgrade, Mo. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Austin House		13b. MOTHER'S MAIDEN NAME Elza Jane Butts	14. NAME OF HUSBAND OR WIFE Martha Ellen House
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No) No		16. SOCIAL SECURITY NO. 497-16-6975	17. INFORMANT Address Mrs. William Koppel, - Rt. 2, Bonne Terre, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular hemorrhage RT BASAL GANGLIA of BRAIN DUE TO (b) _____ DUE TO (c) Thrombosis RT CAROTID ART			INTERVAL BETWEEN ONSET AND DEATH 3 days
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 checked="" type="checkbox"/> NO <input 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, form, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 20, '58 to Apr. 20 '58 and last saw her alive on Apr 20, '58 Death occurred at 9:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Warren M. Longmire M.D.		22b. ADDRESS St. Louis 8 Mo	
		22c. DATE SIGNED 4/23/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-21-58	
23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park		23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. APR 23 '58	
26. REGISTRAR'S SIGNATURE Carl Smith MO			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Elton R. Remelius

Licensed Embalmer No. 4283
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.