

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016186

STATE FILE NUMBER

FILED MAY 8 1958

318

Primary Registration District No. 1003

Registrar's No. 4155

Health,
Welfare
Public
Service

300
1-56

Use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>BLACKWELL</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDINAL GENNON Hosp 3 WK</u>		d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CATHERINE SUE MERSEAL</u>		4. DATE OF DEATH Month Day Year <u>April 14 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 15 1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and state or country) <u>BLACKWELL, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13. FATHER'S NAME <u>LOUIS MERSEAL</u>		14. MOTHER'S MAIDEN NAME <u>EDNA BOYER</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 <u>Louis MERSEAL</u>		Address <u>Blackwell, 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>Severe Burn (75%)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>OK, 1st burn</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) <u>2nd burn</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>E916.01</u>			
20a. ACCIDENT <input checked="" 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.) <u>Clothes caught on fire</u>		
20c. TIME OF INJURY Hour a. m. p. m. <u>3-26-58</u>			
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.) <u>31 Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Blackwell Missouri 110</u>	
21. I attended the deceased from <u>April 1, 1958</u> to <u>April 14, 1958</u> and last saw <u>her</u> alive on <u>April 14, 1958</u> Death occurred at <u>11 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James W. Walker, M.D.</u>		22b. ADDRESS <u>Cardinal Glennon Hospital</u>	22c. DATE SIGNED <u>9-14-58</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>BURIAL</u>	23b. DATE <u>Apr 16, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST JOACHIM</u>	23d. LOCATION (City, town, or county) (State) <u>OLD MINES, MO</u>
24. FUNERAL DIRECTOR <u>MAHN FUNERAL HOME DESOTO, MO</u>		25. DATE RECD. BY LOCAL REG. <u>APR 16 '58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 79

P. O. Address De Soto,

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