

Health,
& Welfare
S. Public
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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

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017158

STATE FILE NUMBER

Registration District No. 374

Primary Registration District No. 6274

Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middlefork Township		c. CITY OR TOWN Middlefork Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
Length of stay in lb Life		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Sarilda		4. DATE OF DEATH April 11, 1958	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 9, 1969	
9. AGE (In years) 88		10. UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) Martensdale, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Charles Costin		13b. MOTHER'S MAIDEN NAME Rachael J. Lopossa	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Horta Roach - Grant City, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, generalized, with mentaldeterioration Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) 4500		INTERVAL BETWEEN ONSET AND DEATH 5yrs	
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 <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 1946 to Apr 11, 1958 and last saw her alive on April 10 Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased, if he) Frank B Matteson M D	
22b. ADDRESS Grant City, Missouri		22c. DATE SIGNED 4/12/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 12, 1958	
23c. NAME OF CEMETERY OR CREMATORY Smithdon Cemetery		23d. LOCATION (City, town, or county) (State) Worth County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Bill G. Dwyer - Grant City		25. DATE RECD. BY LOCAL REG. May 3, 1958	
26. REGISTRAR'S SIGNATURE Leta E. Dawson			

(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 Bill J. Dunfee.....

Licensed Embalmer No. 4902..

P. O. Address Grand City, N.

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.