Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017778
STATE FILE NUMBER

FILED MAY 22 1958 Registration District No. 114 Primary Registration District No. 5400 4186 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MERAMEC — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VANDEREN HOME — Length of stay in 1b 2 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE — b. COUNTY —
c. CITY OR TOWN — 0360 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First STELLA Middle RITTA Last MOOREHEAD
4. DATE OF DEATH Month 5 Day 19 Year 58
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH NOV. 29-1867
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months 5 Days 20 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) TUSCOLA ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JAMES NELSON DUBREE
14. MOTHER'S MAIDEN NAME ELIZA STONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Mrs Elmer Bausch

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) MYOCARDIAL DECOMPENSATION — 3 MONTHS
DUE TO (c) 4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) KYPHOSIS OF SPINE & BRONCHIAL ASTHMA
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1955, to May 19 58 and last saw her/him alive on May 10-1958
Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert McCrawford D.O.
22b. ADDRESS Bullman, Mo.
22c. DATE SIGNED May 1958

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal
23b. DATE 5-21-58
23c. NAME OF CEMETERY OR CREMATORY TUSCOLA
23d. LOCATION (City, town, or county) (State) TUSCOLA ILLINOIS

24. FUNERAL DIRECTOR ADDRESS Mrs John L. Thiebes
25. DATE RECD. BY LOCAL REG. 5-19-58
26. REGISTRAR'S SIGNATURE Thomas G. Humphrey

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must 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

4906

MAY 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Oltma

Licensed Embalmer No. 48.

P. O. Address Union,

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.