

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021342

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 80 Primary Registration District No. 4142 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri ; b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Russellville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Russellville ⁰²⁶⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home in Russellville		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Etta Middle Mae Last Hert			4. DATE OF DEATH Month July Day 5 Year 1958			
5. SEX Female	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 Sept. 21, 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 9 Days 14 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Russellville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME John L. Chambers			14. MOTHER'S MAIDEN NAME Smerida Bannister			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Ethel Tuepker Russellville 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) Acute insufficiency		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) 4211	
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? 2 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 Russellville	COUNTY Cole	STATE Mo
21. I attended the deceased from July 2 to July 5 and last saw her alive on July 5 . Death occurred at 3 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE George B. Hoke (Degree or title)		22b. ADDRESS 116 E. High	22c. DATE SIGNED July 7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-7-1958	23c. NAME OF CEMETERY OR CREMATORY Enloe Cemetery	23d. LOCATION (City, town, or county) (State) Russellville, Mo	

24. FUNERAL DIRECTOR Wm. H. Schubert	ADDRESS Russellville Mo	25. DATE RECD. BY LOCAL REG. July 7	26. REGISTRAR'S SIGNATURE Minnie Hittermeyer
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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. 289
working under my personal supervision..

Student,
Signature of Student Embalmer

Signed Russell Schubert
Licensed Embalmer No. 28

P. O. Address Russell

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.