

Dr. Stewart on his return

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024997

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville 0270		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADA Middle HEIN Last BAIL			4. DATE OF DEATH Month August Day 6 Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 26, 1901		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days 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 home	11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Peter Hein		13b. MOTHER'S MAIDEN NAME Sophia Fricke		14. NAME OF HUSBAND OR WIFE Fred M. Bail	
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 Fred M. Bail Address RFD Boonville, 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) Pulmonary Embolus					INTERVAL BETWEEN ONSET AND DEATH + 30 minutes + 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombus - Saddle of aorta					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 454X					19. WAS AUTOPSY PERFORMED? 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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <u>8-6-58</u> to <u>8-6-58</u> and last saw her alive on <u>8-6-58</u> Death occurred at <u>7-25 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. M. Stewart, M.D. (Degree or title)			22b. ADDRESS 329 Main, Boonville, Mo.		22c. DATE SIGNED 8-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Aug. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery		23d. LOCATION (City, town, or county) (Street) RFD Bunceton, Mo.
24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.			25. DATE RECD. BY LOCAL REG. 8/7/58		26. REGISTRAR'S SIGNATURE D. Hooper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
All diseases in Part II 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 *Berry W. Shaker*
#3944
Licensed Embalmer No. *Bronvil*
P. O. Address *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.