

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-026646

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. **310** Primary Registration District No. **3058** Registrar's No. **188**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Charles	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE Missouri	b. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Charles	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph	Length of stay in 1b D.O.A.	d. STREET ADDRESS 630 Carr Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Elizabeth	Middle --	Last Timm	Month July	Day 25	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 Sept. 9, 1917	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Crawford Co., Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Alfred Reynolds			14. MOTHER'S MAIDEN NAME Gladys Church		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Franklyn Timm Address St. Charles, 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) SUICIDE		INTERVAL BETWEEN ONSET AND DEATH 976X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self Inflicted Gonshot wound		
20c. TIME OF INJURY Hour 9:15 Minute XX Month, Day, Year 7-25-1958					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) At Home	20f. CITY, TOWN, OR LOCATION St. Charles	COUNTY St. Charles	STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Maria Muehony</i>		(Degree or title) Coroner 3rd	22b. ADDRESS <i>Wentworth Mo July 25-58</i>		22c. DATE SIGNED July 25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Madison, Wisconsin	23d. LOCATION (City, town, of county) (State) Madison, Wisconsin		
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons Co. St. Charles		ADDRESS Mo.	25. DATE RECD. BY LOCAL REG. July 25-58	26. REGISTRAR'S SIGNATURE <i>Mareela Wilson</i>	

(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.
 No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 6 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 *Frank Amalson*

Licensed Embalmer No. *148*

P. O. Address: *H. Ch...*

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.