

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029725
State File No.

FILED AUG 28 1958

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 22

0700

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Loutre		c. CITY OR TOWN Rhineland, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 Years		e. STREET ADDRESS 0700 B	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) c. (Last) Daller			4. DATE OF DEATH (Month) (Day) (Year) Aug- 26 1958		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1890	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min. 68 5 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rhineland Mo	
12. CITIZEN OF WHAT COUNTRY? U S					

13a. FATHER'S NAME August Daller		13b. MOTHER'S MAIDEN NAME Annie Grotewil		14. NAME OF HUSBAND OR WIFE Theresa M Daller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes First World War		16. SOCIAL SECURITY NO. 495-40-9326		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Theresa M Daller Rhineland, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 - 26 1958 9:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE F. J. Ball		(Degree or title) Coroner 3		23b. ADDRESS JONESBURG, MO		23c. DATE SIGNED 8-26-1958	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-28-1958		24c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Rhineland, Mo	
DATE REC'D BY LOCAL REG Aug. 27, 1958		REGISTRAR'S SIGNATURE Mrs. Eunice Bush		25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home Americus, Mo		ADDRESS	

SEP 4 1958

SEP 22 1958

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 *D B Baker*

Licensed Embalmer No....3375...

P. O. Address...Americus, 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.