

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

58-033880

STATE FILE NUMBER

Filed **SEP 22 1958** Registration District No. **310** Primary Registration District No. **3058** Registrar's No. **217**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Charles	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits St. Charles Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri b. COUNTY Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		Length of stay in 1b 10 hours	d. STREET ADDRESS (If outside, give location) 2021 No. Third St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Daisy	Middle Adeline	Last Fine	Month Sept.	Day 12	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, 1903	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months 7 Days 16 Hours Min. IF UNDER 24 HRS. 	
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) Bell, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elmer Scarlett			14. MOTHER'S MAIDEN NAME Anna Martin		
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 Jesse Fine , St. Charles, Mo. Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic and Rheumatic Heart Disease	Undet.
	DUE TO (c) Nephrosclerosis with Kidney Failure	6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 446X		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 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 ST. CHARLES, MO. COUNTY STATE

21. I attended the deceased from **Jan. 1950** to **Sept. 12, 1958** and last saw ^{her} _{him} alive on **Sept. 12, 1958**
Death occurred at **11:30 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. McEntire M.D. (Degree or title)	22b. ADDRESS St. Charles, Mo.	22c. DATE SIGNED Sept. 13, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles County, Mo.
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24. FUNERAL DIRECTOR H.C. Dellmeyer & Sons, St. Charles	ADDRESS Mo.	25. DATE RECD. BY LOCAL REG. Sept. 13-58	26. REGISTRAR'S SIGNATURE Marcella Wilson
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

SEP 29 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

Frank R. Amador
.....
Licensed Embalmer No. *48*
P. O. Address *St. Charles*

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.