

FILED OCT 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036901

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 151

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JEFFERSON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JOACHIM TOWNSHIP</u>		c. CITY OR TOWN <u>FESTUS, MO</u>		d. STREET ADDRESS <u>727 MOORE ST.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JOACHIM TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>FESTUS, MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF MEMORIAL HOSP.</u>		Length of stay in 1b <u>20 DAYS</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>NELLIE</u> Middle <u>E.</u> Last <u>HILLS</u>				Month <u>OCT.</u> Day <u>22</u> Year <u>1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 4, 1895</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>IRONTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>THOMAS HALL</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>MRS. GRADY OGLE</u> 3114 Address <u>MAURICE ST. ST. LOUIS, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, lobar, bilateral</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>HT</u>							
DUE TO (c) <u>490 X</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Myocarditis, chronic. Coronary disease. Septic ulcer. Diaphragm hernia</u>							19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Page 11 of item 18.)				
20c. TIME OF INJURY Hour <u>7:15 P.</u> Month, Day, Year <u>Oct 22, 58</u>							
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 <u>FESTUS, MO.</u>		COUNTY STATE	
21. I attended the deceased from <u>Oct 21, 58</u> to <u>Oct 22, 58</u> and last saw <u>her</u> alive on <u>Oct 22, 58</u> . Death occurred at <u>7:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>William Boygar, M.D.</u> (Degree or title)				22b. ADDRESS <u>Festus, Mo.</u>		22c. DATE SIGNED <u>10/25/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-25-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ARCADIA VALLEY MEMORIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>IRONTON MO.</u>	
24. FUNERAL DIRECTOR <u>James P. Cady - Crystal City Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>10-23-58</u>		26. REGISTRAR'S SIGNATURE <u>June M. Fisher</u>		

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 28 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 *James Reichenbach*

Licensed Embalmer No. *430*

P. O. Address *Compton*

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.