

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036907

STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 89

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) OR TOWN <u>ROCK TOWNSHIP</u>		a. STATE <u>MO</u>		b. COUNTY <u>JEFFERSON</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEAR ARNOLD</u>		Length of stay in 1b <u>61 YRS</u>		c. CITY OR TOWN <u>ARNOLD RURAL ROUTE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ANNA</u>		Middle <u>C.</u>		Last <u>KLAHS</u>		Month <u>OCT</u> Day <u>1</u> Year <u>1958</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JULY 30, 1897</u>	
9. AGE (In years last birthday) <u>61</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		9. AGE (In years last birthday) <u>61</u>	
11. BIRTHPLACE (City and state or country) <u>MAXVILLE MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13. FATHER'S NAME <u>JOSEPH WEIDELE</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH GRIMM</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY NO. <u>486 20 9332</u>		17. INFORMANT <u>HENRY KLAHS ARNOLD MO</u>		Address	
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Endometrium Primary of Cervix</u> 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) <u>1538</u>						INTERVAL BETWEEN ONSET AND DEATH	
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 _____		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>Arnold Jefferson Mo</u>		COUNTY <u>Jefferson</u>		STATE <u>Mo</u>		21. I attended the deceased from <u>Nov 1957</u> to <u>10-1-58</u> and last saw her alive on <u>10-1-58</u> Death occurred at <u>3:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MS</u>				22b. ADDRESS <u>Imperial, Mo</u>		22c. DATE SIGNED <u>10-1-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>OCT. 6, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ARNOLD MO</u>	
24. FUNERAL DIRECTOR <u>HEILIGTAG FUNERAL HOME IMPERIAL MO</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-6-58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

544

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

1958 08 100

DATE RECEIVED OCT 18 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 *Elmer Heiligtag*.....

Licensed Embalmer No. *35*.....

P. O. Address *Imperial*.....

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.