

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038526
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY ST. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BLOOMSDALE		c. CITY OR TOWN BLOOMSDALE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If outside, give location) STAR ROUTE #1	
3. NAME OF DECEASED (Type or print) First LAURA Middle ETT Last SHERRELL		4. DATE OF DEATH Month 10 Day 22 Year 58	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-8-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN	11. BIRTHPLACE (City and state or country) WEBSTER CITY, IOWA
13a. FATHER'S NAME MAFFITT		13b. MOTHER'S MAIDEN NAME UNKNOWN	
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	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis		17. INFORMANT MRS. NELSON FRIEDMEYER R#3 FESTUS, MO	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Burgers Disease		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (c) 4222		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
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 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 a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from Oct. 18 to Oct. 22 1958 and last saw her alive on Oct. 20 1958 Death occurred at 12:35 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.		21. BIRTHPLACE (City and state or country)	
22a. SIGNATURE <i>Laura E. Sherrell</i>		22b. ADDRESS St Genevieve Mo	
22c. DATE SIGNED 10-26-58		22d. NAME OF CEMETERY OR CREMATORY	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
BURIAL		10-25-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
COMMUNITY		BLOOMSDALE, MO	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
GENTRY R. POLIYTE CRYSTAL CITY,		10/26/58	
26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE	
<i>Luille Basler</i>		<i>Luille Basler</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 6 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 *Geotrey R. Polite*

Licensed Embalmer No. *3481*
P. O. Address *Augusta, Ga*

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.