

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5592
76
58-040483
STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 160 Primary Registration District No. Registrar's No. 182

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus - Rural		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 5, 4002		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain View Nursing Home		Length of stay in 1b 15 Months	d. STREET ADDRESS (If outside, give location) 254 So. Brentwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MISS ALMA Middle MARGARET Last FABER			4. DATE OF DEATH Month 12 Day 3 Year 1958		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	18. DATE OF BIRTH Feb. 12, 1886		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secy & Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Wm. T McGary Co	11. BIRTHPLACE (City and state or country) Newport, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Faber		13b. MOTHER'S MAIDEN NAME Mary Dinger		14. NAME OF HUSBAND OR WIFE None	
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. 374-18-5642		17. INFORMANT Address Mrs. Wm. T. McGary 254 So Brentwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vasoulor Disease					INTERVAL BETWEEN ONSET AND DEATH Worse / Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) 4221					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 <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 8-8-57 to 12-3-58 and last saw her alive on 12-3-58 Death occurred at 8:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. A. Amick, M.D.			22b. ADDRESS 112 Mississippi Ave Crystal City, Mo.		22c. DATE SIGNED 12-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal RR		23b. DATE 12/4/1958	23c. NAME OF CEMETERY OR CREMATORY Spring Grove Cem.		23d. LOCATION (City, town, or county) (State) Cincinnati Ohio
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc. 6175 Delmar			25. DATE RECD. BY LOCAL REG. 12-4-58	26. REGISTRAR'S SIGNATURE Paul G. [Signature]	

Secretary, coroner, etc., must use only standard nomenclature in Part 16. No symptoms will be listed. All diseases in Part 1 must be causally related.

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Dr. Hart Donnell
112 Mississippi Ave.
Cryatal City Mo.
2 PM

Mrs. Jessie Rigdon
135 W. Main St.
Festus

367 555 50

DATE RECEIVED DEC 9 1938

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2760*

P. O. Address *6176 Dillm*

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.