

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040601  
STATE FILE NUMBER

FILED NOV 21 1958 Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 112

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|  |                                  |   |  |   |   |   |   |
|--|----------------------------------|---|--|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Lawrence</b> |   |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN <b>Freistatt</b>   |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN <b>Pierce City</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Crestview Rest Home</b>  |                                  |   | Length of stay in lb<br><b>2 weeks</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>East of City</b>          |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mary</b> Middle <b>Ann</b> Last <b>Mach</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>3</b> Year <b>1958</b>   |   |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><del>10/13/19</del> <b>4-4-79</b>   |   | 9. AGE (In years) (If birthday)<br><b>79</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House wife</b>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>X XXX X XX</b>                                       |   | 11. BIRTHPLACE (City and state or country)<br><b>Hungary</b>                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Jacob Gaier</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Martin Mach (deceased)</b>                                      |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   |   | 17. INFORMANT<br><b>Mrs. Chris Velten</b> Address <b>Pierce City, Mo.</b>     |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>   |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 yrs?</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Heart Disease</b>   |                                  |   |  |   |   | <b>10 yrs?</b>  |   |
| DUE TO (c) <b>Left hemiplegia (parietal)</b>   |                                  |   |  |   |   | <b>10 yrs?</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>443 X</b>  |                                  |   |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <b>10/7/58</b> to <b>11/3/58</b> and last saw her alive on <b>11/3/58</b><br>Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Emeth Slater MD</b>   |                                  |   |  | 22b. ADDRESS<br><b>W. Vernon, Mo</b>  |   | 22c. DATE SIGNED<br><b>11/6/58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>11/6/1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Marys Cemetery</b>                              |   | 23d. LOCATION (City, town, or county) (State)<br><b>Pierce City, Missouri</b> |   |   |
| 24. FUNERAL DIRECTOR<br><b>Wm. J. Wessell</b> ADDRESS <b>Pierce City, Mo.</b>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-7-58</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Cecil Handwerker</b>  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 28 1959

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed R. G. Bennett.....

Licensed Embalmer No. 4213.....

P. O. Address Mount Pleasant.....

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.