Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043101
STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 373 Primary Registration District No. 6267 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY OR TOWN ELKLAND (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WEBSTER
c. CITY OR TOWN ELKLAND MO Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 4 MI EAST (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ALICE Middle REBECCA Last NEASE
4. DATE OF DEATH Month NOV Day 30 Year 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH FEB 16 1882
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME NEWTON WHEELER
13b. MOTHER'S MAIDEN NAME REGINA RADER
14. NAME OF HUSBAND OR WIFE MARTIN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MARTIN NEASE Address ELKLAND MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular Tachycardia & Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis, Chronic insufficiency & Hypertensive C-V. disease. — Many Years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fibroid, Uterine 443 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1938, April, to Nov. 30 1958 and last saw her/him alive on November 30, 1958
Death occurred at 10:10 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. P. MacDonnell, M.D. (Degree or title)
22b. ADDRESS Marshfield, Mo.
22c. DATE SIGNED 12/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-2-1958
23c. NAME OF CEMETERY OR CREMATORY PLEASANT VIEW
23d. LOCATION (City, town, or county) WEBSTER Co (State) MO

24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD ADDRESS
25. DATE RECD. BY LOCAL REG. DEC 5 1958
26. REGISTRAR'S SIGNATURE J. Francis
(Licensed Embalmer's Statement on Reverse Side.)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 George Stapp

Licensed Embalmer No. 5461

P. O. Address Mt. Grove Mo

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.