

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045104
STATE FILE NUMBER

84071-58
FILED JAN 6 1958

Registration District No. 223 Primary Registration District No. 3051 Registrar's No. 132

300
1-57

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. GENEVIEVE	
b. CITY OR TOWN PERRYVILLE		c. CITY OR TOWN ST. GENEVIEVE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY COMMEMORIAL		d. STREET ADDRESS (If outside, give location) STAL ROUTE # 1	
Length of stay in lb 5 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LINDA Middle MARIE Last SRIBEL			4. DATE OF DEATH Month DEC Day 11 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 1 1958	9. AGE (In years last birthday) 2 MONTHS 10 DAYS	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PERRYVILLE MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HERBERT SRIBEL JR	13b. MOTHER'S MAIDEN NAME BETTY WINSTON	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Betty Schuch Sr. St. Genevieve Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 1 week
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) upper respiratory infection 260X		

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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	COUNTY	STATE
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21. I attended the deceased from Dec 7 58 , to Dec 11 58 and last saw her/him alive on Dec 11 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Declarant or title) Joseph F. L. Newell MD	22b. ADDRESS ST Mary Mo	22c. DATE SIGNED 12/13/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/14/58	23c. NAME OF CEMETERY OR CREMATORY VALLEY SPRING	23d. LOCATION (City, town, or county) (State) ST. GENEVIEVE MO
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24. FUNERAL DIRECTOR Herb Schuch Sr. St. Genevieve Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-15-58	26. REGISTRAR'S SIGNATURE Joel Zoller
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *William J. Ellis*

Licensed Embalmer No. *4740*

P. O. Address: *St. Dennis*

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.