

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045276

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 302

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Charles	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	St. Charles	b. COUNTY	St. Charles
OR TOWN	St. Charles	c. CITY OR TOWN	St. Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	St. Joseph	d. STREET ADDRESS	1110 N. Benton
Length of stay in 1b	1 1/2 days	(If outside, give location)	
		Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
Mary	A.	Michael	Dec.	30, 1958
5. SEX			6. COLOR OR RACE	
Female			White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH	
WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			Oct. 8, 1879	
9. AGE (In years last birthday)			IF UNDER 1 YEAR	
79			Months	Days
			2	22
			Hours	Min.

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)		12. CITIZEN OF WHAT COUNTRY?	
Housewife		Own Home		Pana, Illinois		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John J. Dowling				Margaret Harmon			
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		Address	
No		None		Florence Vossenkemper,		Sioux, Mo. Portage des	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Water on the head of cause</u>		10 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			
4200			

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			
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	

21. I attended the deceased from <u>Nov. 19, 1957</u> to <u>Dec. 30, 1958</u> and last saw ^{her} _{him} alive on <u>Dec. 30, 1958</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE		22c. DATE SIGNED	
<u>E. J. Canty</u> (Degree or title)		<u>Jan 4, 1959</u>	
22b. ADDRESS			
<u>St. Charles, Mo.</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		Jan. 3, 1959		Oak Grove Cemetery		St. Chas. County, Mo.	
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
H. C. Dallmeyer & Sons, St. Charles, Mo.				Jan. 2 - 59		Marceen Wilson	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

540

VS SEP 17 1959

JAN 26 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank R. Amalson*
.....

Licensed Embalmer No. *4*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.