

Health,
Welfare
Public
Service

300
1-56

0
All
causes.
related.
casually
related.
Coroner
cannot
certify
to a
death
due to
natural
causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

26670-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046104

STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12249

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Cardinal Glennon</i>		Length of stay in 1b <i>6 weeks</i>	STREET ADDRESS <i>2187 3425 Park</i>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Marylee</i> , Middle <i>E</i> , Last <i>Nettles</i>			4. DATE OF DEATH Month <i>12</i> Day <i>17</i> Year <i>58</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> & DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>4/10/58</i>	9. AGE (In years last birthday) Months <i>8</i> Days <i>7</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>Bonne Terre Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph Nettles</i>			14. MOTHER'S MAIDEN NAME <i>Sumptner, Wanda</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Velma Forester Rt. 1 Mineral Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Memia</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertension - bilateral</i>					
DUE TO (c) <i>603X</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>					
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		STATE
21. I attended the deceased from <i>Nov. 7-58</i> to <i>Dec 17-58</i> and last saw her <i>him</i> alive on <i>Dec 17-58</i> . Death occurred at <i>10:45 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Rm. Adelsbaum M.D.</i>			22b. ADDRESS <i>8730 W. Kingsbury</i>		22c. DATE SIGNED <i>12/18/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-20-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Higgins Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Mrs. Lutha Sparks Pate</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>DEC 19 58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

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 *Murphy L Sparker*

Licensed Embalmer No. *42*

P. O. Address *St. Paul, Minn.*

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.