

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047200

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 59

300
-57

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		c. CITY OR TOWN <u>ELDON</u> 066'	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W-North-St</u>		d. STREET ADDRESS (If outside, give location) <u>W-Newton</u>	
Length of stay in 1b <u>14 YRS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY- Maybell- KAISER</u>			4. DATE OF DEATH Month Day Year <u>Dec- 9 1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>14 Nov- 18/99</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wifc</u>	
11. BIRTHPLACE (City and state or country) <u>Miller-Co- Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wifc</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	
13a. FATHER'S NAME <u>John-Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Armittie-Mathews</u>	
14. NAME OF HUSBAND OR WIFE <u>Orville-Kaiser</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Orville-Kaiser- Eldon-Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEPSIS AND BRONCHO PNEUMONIA</u> DUE TO (b) <u>CARCINOMATOSES.</u> DUE TO (c) <u>PRIMARY CARCINOMA OF THE BREAST</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170X</u>			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>None</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>None</u>		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.) <u>None</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>None</u>	
21. I attended the deceased from <u>3/22/58</u> to <u>12/9/58</u> and last saw her ^{her} _{him} alive on <u>12/9/58</u> Death occurred at <u>12:50 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert O. Wunderly, D.O.</u>		22b. ADDRESS <u>ELDON Mo</u>	
22c. DATE SIGNED <u>10 Dec- 58</u>		23. NAME OF CEMETERY OR CREMATORY <u>Big-Rock-</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>		23b. DATE <u>11 Dec- 58</u>	
23c. LOCATION (City, town, or county) (State) <u>MORGAN-Co- Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Keith M. Kaye</u>	
25. DATE RECD. BY LOCAL REG. <u>Dec 10, 58</u>		26. REGISTRAR'S SIGNATURE <u>A. Werritta Walt</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Keith M. Fays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.