

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001822

STATE FILE NUMBER

FILED JAN 7 1959 Registration District No. 160 Primary Registration District No. 551 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JEFF.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS (JOACHIM)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN DE SOTO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. CO. MEMORIAL Hosp 9 hrs				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 109 E. KELLY	
Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH Month Day Year JAN 1 1959					
3. NAME OF DECEASED (Type or print) THELMA		First		Middle HENRIETTA		Last FILKINS	
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APR. 30, 1901	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR		IF UNDER 24 HRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DIEHLSTADT Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME HENRY STONE				14. MOTHER'S MAIDEN NAME UNK.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address JULIUS FILKINS 109 E. KELLY DE SOTO Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Essential Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 11 hrs yrs?
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.) 331X					
20c. TIME OF INJURY Hour Month, Day, Year 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	
21. I attended the deceased from 12-31-58 to 1/1/59 and last saw her alive on 12-31-58 Death occurred at 9:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles E. Faller M.D. (Degree or title)				22b. ADDRESS De Soto Mo		22c. DATE SIGNED 1/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 4 1958		23c. NAME OF CEMETERY OR CREMATOR WOODLAWN		23d. LOCATION (City, town, or county) (State) De Soto Mo.	
24. FUNERAL DIRECTOR S. B. Dietrich ADDRESS De Soto Mo.				25. DATE RECD. BY LOCAL REG. 1-5-59		26. REGISTRAR'S SIGNATURE Paul G. Fisher	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

hh, office vice

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED
IN JAMES JOSEPH

MAY 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J.B. Dietrich*

Licensed Embalmer No...4...

P. O. Address... *Delata*

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.