

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008025

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. GENEVIEVE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. GENEVIEVE</u> 09510
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>176 N 2nd ST</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>176 N 2nd ST</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>COLLEEN ANTOINETTE FALLERT</u>			4. DATE OF DEATH Month Day Year <u>MAR 4 1959</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 12 1959</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>20</u>
13a. FATHER'S NAME <u>ORUEL FALLERT</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES WILSON</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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.	14. NAME OF HUSBAND OR WIFE
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>ASPIRATION VOMITUS</u>			17. INFORMANT Address <u>Oruel Fallert Co. Genevieve Mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			9210 18
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 a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>095</u>	COUNTY STATE
21. I attended the deceased from <u>2-12-59</u> to <u>3-4-59</u> and last saw her alive on <u>3-2-59</u> Death occurred at <u>5 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. De Genova MD</u> (Degree or title)		22b. ADDRESS <u>St. Genevieve Mo</u>	22c. DATE SIGNED <u>3-4-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/5/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>	23d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>
24. FUNERAL DIRECTOR <u>Assoc. Sachs Co. Genevieve Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>March 7/1959</u>
		26. REGISTRAR'S SIGNATURE <u>Paul Barber</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 *Adrian J. Ellis*

Licensed Embalmer No. *4740*

P. O. Address *Ste Demer*

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.