

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010279
STATE LICENSE NUMBER
9048 Registrar's No. 520

FILED APR 7 1959 Registration District No. 231 Primary Registration District No. 9048 Registrar's No. 520

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-57

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Guilford
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp		Length of stay in lb 2 das	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ADA Middle I Last EULER			4. DATE OF DEATH Month 3 Day 30 Year 1959	
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5. SEX male FEMALE	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 20 1889	9. AGE (In years) 69 (at birthday)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during life, or even if retired) housewife	10b. KIND OF BUSINESS OR OCCUPATION home own	11. BIRTHPLACE (City and state or country) Colony Kans.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Silas D Ratcliff	13b. MOTHER'S MAIDEN NAME Hannah Byer	14. NAME OF HUSBAND OR WIFE Arthur Euler
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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. unknown	17. INFORMANT Arthur Euler, Guilford, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) arteriosclerosis DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH 4 days
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 type="checkbox"/> NO <input checked="" 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.) ITEM 5 CORRECTED
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	BY AFFIDAVIT OF Funeral Director 5-10-59
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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
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21. I attended the deceased from **3-27/59** to **3-31** and last saw her alive on **3/30**
Death occurred at **2:15 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE HC Bauman MD (Degree or title)	22b. ADDRESS 1218 Main Marshall Mo	22c. DATE SIGNED 3/31/59
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23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE 4-7-59	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem	23d. LOCATION (City, town, or county) (State) Sturgeon Mo
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24. FUNERAL DIRECTOR'S ADDRESS W. H. Bauman, P.O. Box 14-1 89	25. DATE RECD. BY LOCAL REG. 4-1-59	26. REGISTRAR'S SIGNATURE Beas Bolt
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 8 1959

KS MAY 20 1959

MAY 14 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 *G. M. Allison*

Licensed Embalmer No. *3279*
P. O. Address *Marysville*

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.