

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010640  
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 125

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Leadwood 0940
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 4 Farmington, Mo.		Length of stay in 1b 49 Y 10M 16 Days	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 Middle Last EMMA IAHN			4. DATE OF DEATH Month Day Year March 18, 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ? 1886
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and state or country) No. Carolina 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G. F. Sedberry	13b. MOTHER'S MAIDEN NAME Mary Sedberry (Cousin to Hus)
14. NAME OF HUSBAND OR WIFE Christian C. Iahn		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. no
17. INFORMANT Address Records State Hospital #1 - Farmington, 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) Bilateral bronchial pneumonia			INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) General arteriosclerosis, senility			years
DUE TO (c) Dementia Praecox with deterioration			192h
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"/> 2
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.) none	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1952 intermittently until- and last saw her alive on 3-18-59 Death occurred at Farmington State Hospital #1 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John A. Brenden, M.D.		22b. ADDRESS State Hospital # 4 - Farmington, Mo	22c. DATE SIGNED 3-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-19-59	23c. NAME OF CEMETERY OR CREMATORY K P Cemetery-	23d. LOCATION (City, town, or county) (State) Farmington, Missouri
24. FUNERAL DIRECTOR Miller Funeral Home - Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 23, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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. *No Embalming*

Student .....  
Signature of Student Embalmer

Signed *Paul K. Royal* .....

Licensed Embalmer No. *4120* .....  
P. O. Address *Farmingdale, N.Y.* .....

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.