Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012119

STATE FILE NUMBER

FILED MAR 25 1959

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Potosi — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 902 Cresswell St. — Length of stay in 1b: 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN: Potosi — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 902 Cresswell — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John — Middle: Isaac — Last: Valner

4. DATE OF DEATH: Month: March — Day: 23 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Sept. 20 1877

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months: 6 — Days: 3 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Black Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bud Valner

13b. MOTHER'S MAIDEN NAME: Mary Nuley

14. NAME OF HUSBAND OR WIFE: Widowed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Herbert Valner — Address: Potosi Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Circulatory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Thrombosis and Myocardial Infarction

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 7-2-57, to 3-22-59 and last saw him alive on Sunday March 22, 1959. Death occurred at 9:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Benj. M. Bauer D.O.

22b. ADDRESS: 211 E. High Street, Potosi, Mo.

22c. DATE SIGNED: 3/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-26-59

23c. NAME OF CEMETERY OR CREMATORY: Asher Cemetery

23d. LOCATION (City, town, or county) (State): Reynolds Co. Mo.

24. FUNERAL DIRECTOR: Mrs Luther Spain

ADDRESS: Potosi Mo

25. DATE RECD BY LOCAL REG.: 3/24/59

26. REGISTRAR'S SIGNATURE: Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1959

WASH. COUNTY HEALTH DEPT.
File No.

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.