

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013865

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 37

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|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN NEAR MAXVILLE MO | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 OAKS HOME | | Length of stay in 1b 8 DAYS | d. STREET (If outside, give location) ADDRESS 050 IMPERIAL MO R.R. 1 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ELIA Middle MAY Last VALE | | | 4. DATE OF DEATH Month APR. Day 2 Year 1959 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAY 31 1870 | 9. AGE (In years last birthday) 88 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SCHOOL TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY TEACHER | 11. BIRTHPLACE (City and state or country) OHIO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME NATHAN LITTLER | | 13b. MOTHER'S MAIDEN NAME SUSAN SACHEL | | 14. NAME OF HUSBAND OR WIFE GEORGE M. VALE (DEC) | |
| 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. NONE | | 17. INFORMANT Address EISIE ANDERSON IMPERIAL MO R.R. 1 | |
| 18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditis | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis | | | | | |
| DUE TO (c) Arteriosclerosis | | | | | |
| 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.) 4221 | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Imperial Jefferson Mo | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Imperial Jefferson Mo | |
| 21. I attended the deceased from Death occurred at Jan 26/59 to Apr 2/59 and last saw her alive on 4/1/59 on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Reich (Degree or title) | | | 22b. ADDRESS Imperial Mo | | 22c. DATE SIGNED 4/3/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE APR. 4, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY FOREST LAWN CEMETERY | |
| | | | | 23d. LOCATION (City, town, or county) (State) FORT SMITH ARK. | |
| 24. FUNERAL DIRECTOR HEILIGTAG FUNERAL HOME IMPERIAL MO | | | 25. DATE RECD. BY LOCAL REG. 4-4-59 | | 26. REGISTRAR'S SIGNATURE Robert E. Bauer |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 17 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 *Elmer Helistag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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.