

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021973

State File No.

FILED JUN 19 1959

BIRTH NO. _____		REG. DIST. NO. <u>1603</u>		PRIMARY REG. DIST. NO. <u>5596</u>		Registrar's No. <u>45</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DE SOTO R.R. 2 (Walla) HRS.</u>		c. LENGTH OF STAY (in this place) <u>0500</u>		c. CITY OR TOWN <u>DE SOTO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE #2 De SOTO, MO</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE #2 WARE ROAD</u>				
3. NAME OF DECEASED a. (First) <u>PATRICK</u> b. (Middle) <u>(NMN)</u> c. (Last) <u>MESSLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12 1959</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JUNE 12, 1959</u>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		<u>4 1/2</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DE SOTO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOSEPH MESSLER</u>			13b. MOTHER'S MAIDEN NAME <u>MILDRED BRENT</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOSEPH MESSLER De SOTO, MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (24 weeks)</u>							<u>4 1/2 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>776X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 12, 1959</u> , to <u>June 12, 1959</u> , that I last saw the deceased alive on <u>June 12, 1959</u> , and that death occurred at <u>11:45A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold E. Donnell MD.</u>				23b. ADDRESS <u>De Soto, Missouri</u>		23c. DATE SIGNED <u>June 12, 59</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 13, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>DE SOTO MO</u>		
DATE REC'D BY LOCAL REG. <u>6-13-59</u>		REGISTRAR'S SIGNATURE <u>Marie Ferrari</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MAHN FUNERAL HOME De SOTO MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED
JUN 18 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 *Herald J. Mah...*

Licensed Embalmer No. *497*

P. O. Address *Desoto, Ga*

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.