

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026919

STATE FILE NUMBER
Registrar No. 6106

FILED JUL 17 1959 Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City ⁴³²⁴ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb.	d. STREET ADDRESS 7203 Pershing Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last
(Type or print) Ted OKell Maize

4. DATE OF DEATH Month Day Year
June 26th, 1959

5. SEX 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 Nov. 1, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Fort Madison, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank A. OKell	13b. MOTHER'S MAIDEN NAME Nettie Hobbs	14. NAME OF HUSBAND OR WIFE Bert Maize
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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. no	17. INFORMANT Mrs. Charles Bemis	Address 2114 W. 72nd Terr. Kansas
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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

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____

_____ DUE TO (c) 420.1

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 NO

INTERVAL BETWEEN ONSET AND DEATH
6 days

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 <u>4-10-44</u> to <u>6-26-59</u> and last saw her alive on <u>6-26-59</u> Death occurred at <u>1:45 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>M. Norman Orpel M.D.</u>	(Degree or title) <u>D</u>	22b. ADDRESS <u>100 North Euclid</u>	22c. DATE SIGNED <u>6-27-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-28-1959	23c. NAME OF CEMETERY OR CREMATORY local	23d. LOCATION (City, town, or county) (State) Fort Madison, Iowa.
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24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar	ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 28 '59	26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. M. Norman Orgei
100 N. Euclid
Hrs after 1 P.M. Sat.

J. Orgei

NOV 24 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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, 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.