

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027911

FILED VS AUG 6 1959 360

3076 Registrar's No. 166

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Vernon</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Cedar</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nevada City Hospital</i>		Length of stay in 1b <i>13 days</i>		c. CITY OR TOWN <i>El Dorado Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>107 W. Marshall</i>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Ella</i>		Middle <i>J.</i>		Last <i>Stolte</i>		Month Day Year <i>August 2, 1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-12-1887</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Dover, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Maslem</i>			13b. MOTHER'S MAIDEN NAME <i>Mattie Paradise</i>			14. NAME OF HUSBAND OR WIFE <i>Deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Louis Stolte, El Dorado Springs, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
IMMEDIATE CAUSE (a) <i>coronary occlusion</i>							
DUE TO (b) <i>Arteriosclerosis</i>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>incarcerated strangulated femoral hernia right</i>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	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.)			
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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>July 7, 1959</i>		20f. CITY, TOWN, OR LOCATION <i>August 2, 1959</i>		COUNTY STATE <i>Aug. 1, 1959</i>		
21. I attended the deceased from <i>8 a.m.</i> to <i>her</i> and last saw <i>her</i> alive on <i>Aug. 1, 1959</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Wm C Sundermuth, D.O.</i>				22b. ADDRESS <i>El Dorado Springs, Mo.</i>		22c. DATE SIGNED <i>8-3-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>8-5-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dover Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Dover, Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Gwin-Carothers, El Dorado Spgs. Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>8-5-1959</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 6 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

* Student _____
Signature of Student Embalmer

Signed Thyl E. Caruthers

Licensed Embalmer No. 4419

P. O. Address Edwards

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.