

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033305

FILED VS OCT 2 1959

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Leasburg	
Length of stay in 1b 4 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If outside, give location) R. R. # 1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Mary * * * * * Soutiea	4. DATE OF DEATH September 23, 1959
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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 5/27/91	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 12 Days 12	IF UNDER 24 HR Hours 12 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O. A. Pensioner	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME ? Romer	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE ? William Soutiea (DEC'D)
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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. None	17. INFORMANT George Hartman, Leasburg, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Regenerative Heart Disease	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerosis	
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 3:05 P Month, Day, Year 7/5/56	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.)	20f. CITY, TOWN, OR LOCATION Rolla, Missouri	COUNTY Missouri	STATE
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21. I attended the deceased from 7/5/56 to 9/23/59 and last saw her 9/22/59 alive on 9/22/59 Death occurred at 3:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>W. P. Stoll</i>	(Degree or title) M. D.	22b. ADDRESS Rolla, Missouri	22c. DATE SIGNED 9/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/26/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Missouri
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25. DATE RECD. BY LOCAL REG. Sept. 25, 1959	26. REGISTRAR'S SIGNATURE <i>Nadene L. Stoll</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Paul A. Shanklin
Cuba, Mo.

607 13 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 Paul G. Franklin
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.