URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 18 1959

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 131

59-041190
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. Main Street
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Perry
c. CITY OR TOWN Perryville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) S. Main Street
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Eva Middle: May Last: Sadler
4. DATE OF DEATH Month: November Day: 11 Year: 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-24-1879
9. AGE (last birthday) 80
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James F Swan
13b. MOTHER'S MAIDEN NAME Margaret Thompsan
14. NAME OF HUSBAND OR WIFE M.L. Sadler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT James Swank Address Perryville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial failure
DUE TO (c) Mitral insufficiency
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arthritis deformans, Invalid 14 yrs
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1949 to Nov. 11-59 and last saw her/him alive on Nov. 7-1959
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. Meedman (Degree or title) D.O.
22b. ADDRESS Perryville Mo
22c. DATE SIGNED 11/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-14-1959
23c. NAME OF CEMETERY OR CREMATORY SHILO Lutheran Cemetery
23d. LOCATION (City, town, or county) Perry County (State) Missouri

24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville Mo
25. DATE RECD. BY LOCAL REG. 11-14-59
26. REGISTRAR'S SIGNATURE Joe J Zoellner
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 19 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wallace Young

Signature of Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryville

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