

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. DEC 23 1959 310

'59 0 4 5 1 3 1
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 299

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St Charles		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		a. STATE Missouri		COUNTY ST Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital		Length of stay in 1b 3 wks		c. CITY OR TOWN St Charles		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 2107 No.3rd St		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
Lulu Radell			Dec. 13 1959				
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 April 18 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St Peters Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME LeRoy Judson			13b. MOTHER'S MAIDEN NAME Sarah Teeters			14. NAME OF HUSBAND OR WIFE Louis Radell	
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. UNKNOWN		17. INFORMANT Address Mrs Wm. Horst St Charles Mo.			
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) Coronary occlusion						11 days	
DUE TO (b) Sarcoma of uterus & metastases						6 mo.	
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	
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.)			
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>11/28/59</u> to <u>12/13/59</u> and last saw her alive on <u>12/13/59</u> Death occurred at <u>6:37 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>B. J. Neubauer</i> (Degree or title)				22b. ADDRESS <u>206 Washington St Charles</u>		22c. DATE SIGNED <u>12/14/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/15/59	23c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery		23d. LOCATION (City, town, or county). St Charles Mo.		(State)
24. FUNERAL DIRECTOR Arthur C Baue St Charles Mo				25. DATE RECD. BY LOCAL REG. Dec. 15 - 59		26. REGISTRAR'S SIGNATURE <i>Marella Wilson</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 17 1960

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 David C. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles,

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.