

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038196

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No.        Registrar's No. 402

FILED OCT 24 1961

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valles Mines,</u>	Length of stay in lb <u>3 years</u>	c. CITY OR TOWN <u>Valles Mines,</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Valles Mines,</u>		d. STREET ADDRESS (If outside, give location) <u>Valles Mines,</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Rosie</u> Middle <u>Hettie</u> Last <u>Heldorfer</u>			4. DATE OF DEATH Month <u>October</u> Day <u>9</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5/23/1897</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seamstress</u>	11. BIRTHPLACE (City and state or country) <u>St. Francois, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Nassbaumer</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Burns</u>		14. NAME OF HUSBAND OR WIFE <u>      </u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv <u>no</u> <u>no</u>	17. INFORMANT <u>Dora Nassbaumer, Valles Mines, Mo.</u>
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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) <u>Carcinoma of left breast, with metastases to lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>      </u>	
	DUE TO (c) <u>      </u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive, arteriosclerotic heart disease with angina pectoris, 13 mos.</u>		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	
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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.) <u>      </u>	
20c. TIME OF INJURY Hour <u>      </u> Month, Day, Year a.m. <u>      </u> p.m. <u>      </u>		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.) <u>      </u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>      </u> STATE <u>      </u>	

21. I attended the deceased from April, 1960 to Oct 9, 1961 and last saw her alive on Oct 9, 1961  
Death occurred at 4:22 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>		22b. ADDRESS <u>Desoto Mo.</u>		22c. DATE SIGNED <u>10-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/12/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Charter Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Rt. 3, Desoto, Mo.</u>	

24. FUNERAL DIRECTOR <u>Dale Sparks Bonne Terre, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 13 1961</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 28 1962

OCT 25 1961

**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 Everett Sparker

Licensed Embalmer No. 4287

P. O. Address Bonne Terre

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.