

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024069  
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1563

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Farmington</b> <sup>094DC</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hos.</b>		Length of stay in 1b <b>16 days</b>	d. STREET ADDRESS (If outside, give location) <b>R.R. # 1</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>ANNA PEARSALL</b>	4. DATE OF DEATH <b>June 9, 1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 5th. 1905</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b> Hours <b>4</b> Min.	IF UNDER 24 HRS. Hours <b>4</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaker</b>	11. BIRTHPLACE (City and state or country) <b>Farmington Mo.</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U. S. A.</b>
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13. FATHER'S NAME <b>Joseph Schilling</b>	14. MOTHER'S MAIDEN NAME <b>Blanche McCormick</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Lee Pearsall Farmington</b>	Address
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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) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>782.4</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)		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. _____	
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 **May 25, 1958** to **June 9, 1958** and last saw her alive on **6-9-58**.  
Death occurred at **2:36 p. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>M. D.</b>	22b. ADDRESS <b>4500 Olive St. St. Louis</b>	22c. DATE SIGNED <b>6-10-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>June 11, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Old Pendleton</b>	23d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri.</b>
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24. FUNERAL DIRECTOR <b>Cozean Farmington, Missouri.</b>	25. DATE RECD. BY LOCAL REG. <b>6-18-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Donkeld</b>
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Health, Welfare Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

89

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.....  
*Harvey Kettle*

Licensed Embalmer No. 45

P. O. Address *Flouso*

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