

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4140

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville, Mo				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN California, Mo 0680	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital				Length of stay in lb 8 Days		d. STREET ADDRESS (If outside, give location) Rt # 4	
3. NAME OF DECEASED (Type or print) First Emma Middle Katie Last Maier				4. DATE OF DEATH Month Feb Day 10 Year 1957			
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 Dec 2 1877	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 2 Days 8 Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Fred Kirchoff				14. MOTHER'S MAIDEN NAME Matilda Rubie			
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 Address Arthur Maier * California, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction Advanced Arteriosclerotic Heart Disease Abdominal adhesions from old surgery - 10 yrs 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) 						INTERVAL BETWEEN ONSET AND DEATH 5 days	
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 Boonville, Mo		COUNTY STATE 	
21. I attended the deceased from Death occurred at 4:30 P on the date stated above; and to the best of my knowledge, from the causes stated. 2/8/57 to 2/10/57 and last saw her alive on 2/10/57							
22a. SIGNATURE E. T. Humphreys M.D. (Degree or title)				22b. ADDRESS Boonville, Mo		22c. DATE SIGNED FEB. 14, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/12/57		23c. NAME OF CEMETERY OR CREMATORY Evangelical Salem		23d. LOCATION (City, town, or county) (State) Rural-California, Mo	
24. FUNERAL DIRECTOR Lease Boudin - California, Mo		ADDRESS 		25. DATE RECD. BY LOCAL REG. 2/17/57		26. REGISTRAR'S SIGNATURE Ed Cooper	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

Jack H. Baulin

Licensed Embalmer No. *49*

P. O. Address *California*

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.