

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30178**

**FILED SEP 8 1947**

Registration District No. **374**

Primary Registration District No. **4548**

Registrar's No. **59**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Worth  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

In this community 6 years

3. (a) PRINT Maggie Susan Costin  
FULL NAME

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. white race

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife Edward C. Costin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 13 1857  
(Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 28  
If less than one day hr. min.

9. Birthplace Natural Bridge Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Miller

13. Birthplace Natural Bridge, Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Anderson

15. Birthplace Natural Bridge, Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Mathews

(b) Address Worth, Mo.

17. (a) Burial (b) Date thereof August 14, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director A. C. Simple

(b) Address Grant City, Mo.

19. (a) Aug 15 - 1947 (b) Leta C. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth

(c) City or town Worth  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1947 hour 10 a minute 24 M.

21. I hereby certify that I attended the deceased from Monday  
8/6 to Aug 11, 1947;  
that I last saw her alive on Aug 11, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
of heart

Duration

570

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations ✓

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed Aug 11 1947

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Wich. C. Dingle* .....  
Licensed Embalmer No. *3252* .....  
P. O. Address..... *Lant city, Mo.* .....

**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 this body is not embalmed, fact should be so stated above.**