V.S. No. 300
Rev. 10.48

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

FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39771

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALDEN - RURAL - Cotton Hill
c. LENGTH OF STAY (In this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: MALDEN - Rte 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Cotton Hill Township
d. STREET ADDRESS (If rural, give location): Rte #2

3. NAME OF DECEASED (Type or Print): a. (First) SUSAN b. (Middle) ANN c. (Last) WILLMURTH

4. DATE OF DEATH (Month) (Day) (Year): 12-18-1948

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 11-11-1870
9. AGE (In years last birthday): 78 — If under 1 year: Months ✓ Days ✓ — 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: Housewife
11. BIRTHPLACE (State or foreign country): TENNESSEE / 99
12. CITIZEN OF WHAT COUNTRY?: AMERICA

13a. FATHER'S NAME: HENRY BREWER
13b. MOTHER'S MAIDEN NAME: SALLIE Hedge
14. NAME OF HUSBAND OR WIFE: John WILLMURTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: A.L. FREEMAN ADDRESS: FISK, Mo - Rte 1

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

PSD

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 16 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary sclerosis — 1 year
DUE TO (c) Cardiac decompensation 24 hrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1948 *to* 12-18, 1948, *that I last saw the deceased alive on* 12-17, 1948, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.E. Mitchell MD
23b. ADDRESS: Malden Mo
23c. DATE SIGNED: 12-18-48

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-19-1948
24c. NAME OF CEMETERY OR CREMATORY: Malden Cemetery
24d. LOCATION (City, town, or county) (State): MALDEN - DUNKLIN, Co. Mo

DATE REC'D BY LOCAL REG.: 12-23-48
REGISTRAR'S SIGNATURE: J. H. Schouman 87
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L.W. Edwards - Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 149-2
Date Filed 1-3-49

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 Body Not Embalmed, Student Embalmer No. ....; working under my personal supervision.

Signed Carl B. Bird

Signed ....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.