

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

714

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Otterville</u>	c. LENGTH OF STAY (In this place) <u>Rural</u>	c. CITY OR TOWN <u>OTTERVILLE</u>	<u>RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L 1</u>		d. STREET ADDRESS <u>(If rural, give location)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUD</u> b. (Middle) <u>ALICE</u> c. (Last) <u>TEMPLEMIRE</u>			4. DATE OF DEATH <u>Jan - 20 - 1949</u> (Month) (Day) (Year)		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 28 - 1880</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(blank)</u>	11. BIRTHPLACE (State or foreign country) <u>Wabash, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>

13a. FATHER'S NAME <u>ABRAHAM LANDES</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA ROLLIN</u>	14. NAME OF HUSBAND OR WIFE <u>Charlie Templemire</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Templemire - Otterville, Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>(blank)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 7, 1978 to Jan 20, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 12 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>(Signature)</u> (Degree or title) _____	23b. ADDRESS <u>Otterville Mo</u>	23c. DATE SIGNED <u>1/21/49</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 23 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>New Lebanon Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan - 22 - 1949</u>	REGISTRAR'S SIGNATURE <u>Nellie Mullett</u>	73	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Gunter - Grove Mo</u> ADDRESS _____

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

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0

RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 2-3-49

FEB 23 1949

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.

Signed _____

Ceyton E. Hayes

Signed _____

Student Embalmer

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, M.

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.