

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1730

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY LAFFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFFAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON		c. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL			

3. NAME OF DECEASED (Type or Print) a. (First) BIRDIE	b. (Middle) MAY	c. (Last) MITTIE	4. DATE OF DEATH (Month) (Day) (Year) 1-3-1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-17-1892	9. AGE (In years last birthday) 56	10. MONTHS 6	11. DAYS 16	12. CITIZEN OF WHAT COUNTRY? U.S.A
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) TAVIERN OWNER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Richmond Mo!
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13a. FATHER'S NAME JAMES NELSON	13b. MOTHER'S MAIDEN NAME ELIZ. M. CORKINDALE	14. NAME OF HUSBAND OR WIFE OTTO MITTIE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. MINNIE FISHER	ADDRESS LEX. MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertensive Toxic		
	DUE TO (c)		
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 590	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-2**, 19**49**, to **1-3**, 19**49**, that I last saw the deceased alive on **1-3**, 19**49**, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS [Address]	23c. DATE SIGNED 1-3-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-5-1949	24c. NAME OF CEMETERY OR CREMATORY MACH PELAH CEM.	24d. LOCATION (City, town, or county) (State) LEXINGTON MO
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DATE REC'D BY LOCAL REG. Jan 31-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE FORREST F. TEMPEL	ADDRESS LEX. MO
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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Payne

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-2-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Geo. M. Kean

Licensed Embalmer No. 2983

P. O. Address Leungton 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.