

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7140

State File No.

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charter Oak Elk</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charter Oak Elk</u>	
3. NAME OF DECEASED a. (First) <u>Maudie</u> (Type or Print)		b. (Middle) <u>Mick</u>	
c. (Last) <u>Mick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 2 1885</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Mc Haughey</u>	
13b. MOTHER'S MAIDEN NAME <u>Mathe Williams</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Mick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Mick</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Heart</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
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 <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 <u>1-1</u> , 19 <u>48</u> , to <u>2-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>49</u> , and that death occurred at <u>-</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. M. Sarno M.D.</u>		23b. ADDRESS <u>Morhause, Mo.</u>	23c. DATE SIGNED <u>2-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 4 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blytheville Ark.</u>	24d. LOCATION (City, town, or county) (State) <u>Blytheville Ark.</u>
DATE REC'D BY LOCAL REG. <u>2-9-49</u>	REGISTRAR'S SIGNATURE <u>Nelma V. Jones</u>	409	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landes Funeral Home Campbell, Mo.</u>

Licensed Embalmer's Statement on Reverse Side

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

300

48
03
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RECEIVED
District Health Office

District File Number 244

Date Filed 2-15-3

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 Christina M. Landess

Signed _____
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Campbell, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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