

FILED MAR 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7606

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN Fulton
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Cole
c. CITY OR TOWN Jefferson City
d. STREET ADDRESS 1

3. NAME OF DECEASED (Type or Print)
a. (First) Mayme b. (Middle) - c. (Last) Vineyard
4. DATE OF DEATH (Month) (Day) (Year) Mch 15 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Aug. - 1869 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) New York State 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME D. K. 13b. MOTHER'S MAIDEN NAME Mary J. Hammen 14. NAME OF HUSBAND OR WIFE D. K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) DTC
16. SOCIAL SECURITY NO. DTC
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. A. R. Hammen Fulton, Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile psychosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 334X

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) (Min.) 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 Mch 12, 1949, to Mch. 15, 1949, that I last saw the deceased alive on Mar 15, 1949, and that death occurred at 12:20 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
M. J. Miller, M.D. State Hospital, Fulton Mar 15 1949

24a. BURIAL CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
Mar 15 1949 Riverside Cem Jefferson City, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Mar 15 1949 Joyce Mouskoff Shoppe J. Gordon Jefferson City, Mo.

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

Date Filed MAR 22 1949
District File Number

District Health Officer No. 9,

RECEIVED

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

G. N. Hoover

Licensed Embalmer No. 4579

P. O. Address

Jefferson City

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.