No. 300
10.48

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

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11923

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 22

27 0 0

1. PLACE OF DEATH
a. COUNTY: Cooper County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 2, Otterville ~~Otterville Twp.~~
c. LENGTH OF STAY (In this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Clifton City, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper 27
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 2, Otterville, Mo. ~~Otterville Twp.~~ 0
d. STREET ADDRESS (If rural, give location): near Clifton City 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): C.
c. (Last): ARVENITIS

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 7, 1888
9. AGE (In years last birthday): 61 — If under 1 year: Months 1, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Cooper County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Columbus Callahan
13b. MOTHER'S MAIDEN NAME: Sarah Stevens
14. NAME OF HUSBAND OR WIFE: Mike Arvenitis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mike Arvenitis, Rt. 2, Otterville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myxedema — 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) Secondary to Surgery in 1933
DUE TO (c) ~~None~~ Generalized Arteriosclerosis — 253X

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: None
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* 23 Mar 1949 *to* 12 Apr, 1949, *that I last saw the deceased alive on* 12 Apr, 1949, *and that death occurred at* 11:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Siegel
(Degree or title): MD
23b. ADDRESS: 115 East Fourth St. Sedalia, Mo.
23c. DATE SIGNED: 19 Apr 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/49
24c. NAME OF CEMETERY OR CREMATORY: Bunceton Masonic Cem.
24d. LOCATION (City, town, or county) (State): Bunceton, Missouri

DATE REC'D BY LOCAL REG.: 4/20/49
REGISTRAR'S SIGNATURE: Nellie Mullett 73 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Duane Ewing — Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 REC'D

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-10-49

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 RichARD D. CONN, Student Embalmer No. 261, working under my personal supervision.

Signed Richard D. Conn
Student Embalmer

Signed Duane Evans
Licensed Embalmer No. 3847
P. O. Address Sedalia 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.