

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13238
Registrar's No. 13238

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (In this place) 40 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 507 East First		d. STREET ADDRESS (If rural, give location) 507 East First	

3. NAME OF DECEASED (Type or Print) EMMA	a. (First)	b. (Middle)	c. (Last) FITE	4. DATE OF DEATH (Month) (Day) (Year) 4 6 49
---	------------	-------------	-----------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/3/54	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	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 Home	11. BIRTHPLACE (State or foreign country) Columbus, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME Christian Bookman	13b. MOTHER'S MAIDEN NAME Nancy Goliday	14. NAME OF HUSBAND OR WIFE George Albert Fite
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mr. G. A. Fite, Maryville, Mo.	ADDRESS
--	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH 3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) and the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) General Debility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis		442x	

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) 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 Aug 12, 1948 to April 6, 1949, that I last saw the deceased alive on 4-6 19 49 and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE B. J. Blaud (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 4/11-49
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/9/49	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. 4-16-49	REGISTRAR'S SIGNATURE Bess Bolt	25. FUNERAL DIRECTOR'S SIGNATURE John W. Price	ADDRESS Maryville, Mo.
---	--	---	-------------------------------

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

74
12

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Signed Robert L. Souter
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville, 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.