

FILED APR 19 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 14629

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY OR TOWN <u>Kevada</u>		c. LENGTH OF STAY (in this place) <u>4 yrs. 5 mo.</u>		c. CITY OR TOWN <u>Kevada</u>		100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kevada Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1127 Hard Adams</u>			
3. NAME OF DECEASED a. (First) <u>Charlie</u>			b. (Middle) _____		c. (Last) <u>Mische</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <u>Yes</u> (Specify) _____	8. DATE OF BIRTH <u>December 28 - 1876</u>		9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Warren Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Mische</u>		13b. MOTHER'S MAIDEN NAME <u>Mina</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Mische</u> <u>1127 Hard Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Mische</u> <u>1127 Hard Adams</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>Broncho Pneumonia with pleural effusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Focal Infection - Was having all teeth extracted.</u>				<u>4/7/49</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Dec 29, 1949</u> , to <u>Apr 3, 1949</u> , that I last saw the deceased alive on <u>Apr 2, 1949</u> , and that death occurred at <u>12:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Love</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kevada, Mo.</u>		23c. DATE SIGNED <u>4-7-49</u>	
24a. BURIAL (Specify) _____		24b. DATE <u>April 5 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) <u>Kevada, Mo.</u> (State) <u>Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 12, '49</u>		REGISTRAR'S SIGNATURE <u>Nathanael Nancy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry</u>		ADDRESS <u>Kevada, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 7,  
District File Number 2-49-296  
Date Filed 4-18-49

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature]  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 1760

P. O. Address Newalla 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.