

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15079

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5169 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WILLIAMS BURG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>03</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>MARTHA</u>	b. (Middle) <u>MILDRED</u>	c. (Last) <u>PASLEY</u>	<u>MAY 17 1949</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 1 1863</u>	9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>2</u>	11. DAYS <u>16</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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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>Housewife</u>	11. BIRTHPLACE (state or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Kemp</u>	13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>D.K.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>D.K.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BILL PASLEY</u>	18. ADDRESS <u>WILLIAMS BURG MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDITIS</u>		<u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HAEMMORHAGE</u>		<u>16 hrs.</u>
DUE TO (c) <u>none</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WILLIAMSBURG MONTGOMERY MO.</u>
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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>
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22. I hereby certify that I attended the deceased from May 16, 1949, to MAY 17, 1949, that I last saw the deceased alive on MAY 16, 1949, and that death occurred at 1.15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James O. Helm M.D. (17)</u>	23b. ADDRESS <u>New Florence MO.</u>	23c. DATE SIGNED <u>5-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 19 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamsburg</u>	24d. LOCATION (City, town, or county) (State) <u>Williamsburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 22 1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	42	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glen C. Maurin</u>	ADDRESS <u>Callaway Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 9,

District File Number

JUN 1 1949

Date Filed

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Md.

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.