

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15399

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY • Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coffey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coffey	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION X			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Emma	c. (Last) Read	4. DATE OF DEATH (Month) (Day) (Year) May 3 49
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 23 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James R. Scott	13b. MOTHER'S MAIDEN NAME Rosana Maloney	14. NAME OF HUSBAND OR WIFE W.W. Read Coffey, Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME W.W. Read Coffey, Mo	ADDRESS
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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) Chronic Endocarditis		6 yrs
	ANTECEDENT CAUSES Chronic Nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4/2/49

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Coffey	(COUNTY) Daviess	(STATE) Mo.
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 Oct, 1948, to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 1 P.m., from the causes and on the date stated above.

23a. SIGNATURE J.S. Baumgardner M.D.	(Degree or title)	23b. ADDRESS Box 88 Coffey Mo	23c. DATE SIGNED 5/4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/5/49	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Bethany, Mo
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DATE REC'D BY LOCAL REG. 31 May 1949	REGISTRAR'S SIGNATURE Virginia M. Englehart	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Robert V. Dunham

Signed.....
Student Embalmer

Licensed Embalmer No. 4582

P. O. Address Pattonburg, 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.