

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26015**
Registrar's No. **142**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If rural, give location) 601 South Jefferson Str.	
3. NAME OF DECEASED (Type or Print) a. (First) LORENA		b. (Middle) MADDOX	
c. (Last) HARRIS		4. DATE OF DEATH (Month) (Day) (Year) Aug 14 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1862
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Maddox		13b. MOTHER'S MAIDEN NAME Ellen Morris	13c. NAME OF HUSBAND OR WIFE V. S. Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Wallace Muesie 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic degenerative hypertension with cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2) Cerebral Thrombosis DUE TO (c) Arteriosclerotic arteriosclerosis and high blood pressure 2. OTHER SIGNIFICANT CONDITIONS h.c.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE 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.) h.c.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None Audrain Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) h.c.	
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 8 , 1949, to Aug 14 , 1949, that I last saw the deceased alive on Aug 13 , 1949, and that death occurred at 4 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Louise J. O'Brien M.D.		23b. ADDRESS 111 E. Memorial-Mexico Mo.	
23c. DATE SIGNED Aug 15-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 15, 1949	
24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		24d. LOCATION (City, town, or county) (State) Marshall Missouri	
DATE REC'D BY LOCAL REG. Aug 15-1949		REGISTRAR'S SIGNATURE Blanche Neely	
		25. FUNERAL DIRECTOR'S SIGNATURE Miss Anna J. Muesie ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1949

RECEIVED AUG 22 1949
District Health Officer No. 10
District File Number 8-47-1446
Date Filed AUG 22 1949

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 Charles V. McKeown

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.