FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26765

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 6223 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maitland
c. LENGTH OF STAY (In this place): 68yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maitland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Amanda c. (Last) Arterburn

4. DATE OF DEATH (Month) (Day) (Year): 8-24-1949

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 12-27-1856

9. AGE (In years last birthday): 92 | If under 1 year: Months 7 | Days 27 | If under 24 hrs.: 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: housewife

11. BIRTHPLACE (State or foreign country): Salem, Ind.

12. CITIZEN OF WHAT COUNTRY?: Am.

13a. FATHER'S NAME: Zachariah Smith

13b. MOTHER'S MAIDEN NAME: Susiann Miller

14. NAME OF HUSBAND OR WIFE: deceased

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 AND ADDRESS: Lloyd L. Arterburn - Maitland - Mo

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 that caused death.)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

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.
391 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 8-23, 1949, to 8-24, 1949, that I last saw the deceased alive on Aug 23, 1949, and that death occurred at 1230 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): D.C. Perry
23b. ADDRESS: Mound City, Mo
23c. DATE SIGNED: 8-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29-1949
24c. NAME OF CEMETERY OR CREMATORY: Graham Cem.
24d. LOCATION (City, town, or county) (State): Graham Mo.

DATE REC'D BY LOCAL REG.: 8-31-49
REGISTRAR'S SIGNATURE: J Cleary 1220
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: G M Atchison Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Form No. 300
Rev. 10.48

RECEIVED
JUL 30 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

SEP 12 1948

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 G M Aitchison

Licensed Embalmer No. 2279

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.

State of MO
County of Holt } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 26765 49
Local Registrar's No. 61

On this 1st day of Oct, 1949, before me appears Lloyd L. arterburn, who, upon his oath, states that the original record of ~~birth~~ death for Mary Amanda Arterburn died aug 24, 1949, in the State of Missouri, and which was filed at Jefferson city on 8-31, 1949, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No 24 a should read aug 26 - 1949

Instead of aug 19 1949

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

✓ Affiant Lloyd L. Arterburn Son
Relationship.

Maitland, Mo.
Present Address.

Subscribed and sworn to before me this 1st day of October, 1949.

My Commission expires June 1-1953 ..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
8-43
X37817

S-26765

OCT 7 1949