

No. 300
10.48

FILED SEP 15 1949

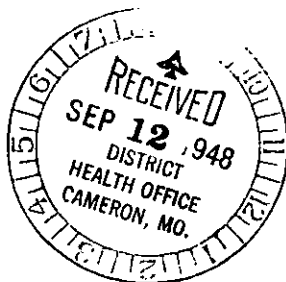
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27441
Registrar's No. 376

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4321		Registrar's No. 376	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		c. LENGTH OF STAY (in this place) 75 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer			
d. FULL NAME OF HOSPITAL OR INSTITUTION home /				d. STREET ADDRESS (If rural, give location) 60			
3. NAME OF DECEASED (Type or Print) a. (First) Mary Elvria		b. (Middle) Ba		c. (Last) rrett		4. DATE OF DEATH (Month) (Day) (Year) 9-1-49	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 4-29-1867	
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months 4		11. UNDER 1 YEAR Days 2		12. 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		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sylvester Grove		13b. MOTHER'S MAIDEN NAME Goode		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Earl Cox Mercer, Mo 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive heart disease yes DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 mins 42:1	
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 May 12, 1947, to Sept 1, 1949, that I last saw the deceased alive on Sept 1, 1949, and that death occurred at 6:55 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Geo. J. Wawsonhlo (Degree or title)		23b. ADDRESS Mercer, Mo		23c. DATE SIGNED Sept 2-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-3-49		24c. NAME OF CEMETERY OR CREMATORY Middlepoint		24d. LOCATION (City, town, or county) Mercer, Mo (State)	
DATE REC'D BY LOCAL REG. 9-3-49		REGISTRAR'S SIGNATURE M. J. Rutt		FUNDAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul Sharr

Licensed Embalmer No. 2634

P. O. Address Cameron 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.