

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File # 32902  
188

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 188

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Audrain</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE: <u>Missouri</u> b. COUNTY <u>Caraway</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Mexico mo 1st</u> | c. LENGTH OF STAY (in this place)<br><u>4 days</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Auxvasse</u> <u>Mo 1st</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Baker Nursing Home</u>                                 |  | d. STREET ADDRESS (If rural, give location)<br><u>/</u>  |  |

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|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Katherine</u><br>b. (Middle) <u>Carl</u><br>c. (Last) <u>Milstead</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 10 1949</u> |
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|   |                                  |  |   |  |
|---|----------------------------------|--|---|--|
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>Aug. 5, 1879</u>                             | 9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>3</u> IF UNDER 12 HRS. Days <u>5</u> Hours <u>5</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>/</u>                            | 11. BIRTHPLACE (State or foreign country)<br><u>Maypsville Ohio</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |

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| 13a. FATHER'S NAME<br><u>Lois Dietrich</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Lenwile</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Laura Gibson</u> <u>St. Louis Mo</u> |
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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)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>/</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Laura Gibson</u> | ADDRESS<br><u>St. Louis Mo</u> |
|---|-------------------------------------|--|--------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 wks</u> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Sclerosis</u> |  |  |
|  | DUE TO (c) <u>Nephritis Glomerul</u>  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 1940 to Nov 9, 1949, that I last saw the deceased alive on Nov 9, 1949, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

|  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| 23a. SIGNATURE<br><u>R.H. Demann</u> (Degree or title) <u>MD</u> | 23b. ADDRESS<br><u>Auxvasse Mo</u> | 23c. DATE SIGNED<br><u>Nov 10 49</u> |
|--|------------------------------------|--------------------------------------|

|   |                               |   |   |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><u>Nov 11-49</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Auxvasse</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Auxvasse Mo</u> |
|---|-------------------------------|---|---|

|   |   |  |                               |
|---|---|--|-------------------------------|
| DATE REC'D BY LOCAL REG<br><u>Nov 10 1949</u> | REGISTRAR'S SIGNATURE<br><u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Hughes Maupin</u> | ADDRESS<br><u>Auxvasse Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 14 1949  
District Health Officer No. 10  
District File Number 11-49-18  
Date Filed NOV 14 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.

Student .....  
Student Embalmer

Signed Hughes Manskin.....

Licensed Embalmer No. 2358

P. O. Address Aux Vasse, 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.