

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3322

State File No. ....

FILED OCT 20 1949

BIRTH NO. .... REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u> <u>21</u>	
c. LENGTH OF STAY (In this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>1 10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALES HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u> b. (Middle) <u>LEE</u> c. (Last) <u>GARTEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-6-1949</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>7-11-1877</u>		9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Days		11. UNDER 1 HR. Hours		12. UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>			11. BIRTHPLACE (State or foreign country) <u>Bowers Mill Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>W.M.P. MEADOW</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ENYEBRT</u>			14. NAME OF HUSBAND OR WIFE <u>L</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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W.E. WOOLDRIDGE</u>		ADDRESS <u>Brunswick Mo.</u>	
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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, ashenia, 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) <u>Coronary sclerosis</u>		DUE TO (b) <u>General Arteriosclerosis, etc.</u>				<u>2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertension</u>				<u>15 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4500</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Sept 12, 1949, to Oct 5, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. W. Shea, M.D.</u>		23b. ADDRESS <u>Brunswick, Mo.</u>		23c. DATE SIGNED <u>10/8/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELLIOTT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10/9/49</u>		REGISTRAR'S SIGNATURE <u>Dr. Herbert Calverto</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Moises</u>		ADDRESS <u>Brunswick Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 19  
RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 10-19-49

DEC 16 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 L. W. Beisel  
Licensed Embalmer No. 823  
P. O. Address Breeseville, 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.