

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37847

State File No. ....

FILED DEC 1 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5659</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>				
b. CITY OR TOWN <u>Rural Canton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>RURAL</u>		2.		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Henry</u> b. (Middle) <u>Henry</u> c. (Last) <u>Mize</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 14, 1879</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Seward County, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Mize</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Bark</u>			14. NAME OF HUSBAND OR WIFE <u>Mattie Sue Marks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mattie Sue Mize</u> ADDRESS <u>Canton, Mo.</u>				
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 which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease Unknown</u>  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 <u>No interval</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS 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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <u>July 25, 1949</u> , to <u>Nov. 19, 1949</u> , that I last saw the deceased alive on <u>Nov. 19, 1949</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Sam H. Roberts, M.D.</u>				23b. ADDRESS <u>Canton, Mo.</u>		23c. DATE SIGNED <u>11-23-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Canton Lewis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-23-49</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Haskins</u> ADDRESS <u>Canton, Mo.</u>				

JAN 4 1950

RECEIVED NOV 28 1949  
District Health Officer No. 10  
District File Number: 11-49-198  
Date Filed NOV 28 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 *Carl H. Buckley*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2615*.....

P. O. Address *Centon, 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.