

No. 300
10.48

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FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1897

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 1 wk.		d. STREET ADDRESS (If rural, give location) 519 East fourth	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) R. c. (Last) MIELKE			4. DATE OF DEATH (Month) (Day) (Year) 1 13 50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/18/77	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Afton, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Mielke	13b. MOTHER'S MAIDEN NAME Mary Wiedman	14. NAME OF HUSBAND OR WIFE Verna Robinson Mielke
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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) no	16. SOCIAL SECURITY NO. 482-28-0032	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. R. Mielke, Maryville, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		DUE TO (b) Generalized arteriosclerosis with hypertension		sudden
ANTECEDENT CAUSES		DUE TO (c)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		11. OTHER SIGNIFICANT CONDITIONS Endo-arteritis obliterans of feet and legs.		3 3/4
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? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan. 5, 1950, to Jan. 13, 1950, that I last saw the deceased alive on Jan. 13, 1950, and that death occurred at 5:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Jackson M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 1-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/16/50	24c. NAME OF CEMETERY OR CREMATORY Afton	24d. LOCATION (City, town, or county) (State) Afton, Iowa
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DATE REC'D BY LOCAL REG. 1-21-50	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home Maryville, Mo.
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(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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L. Souter
Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

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.