

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7471
 State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cham Smiths Memorial Hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u> <u>0013</u>	
d. STREET ADDRESS (If rural, give location) <u>919 South Davis</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floca</u>		b. (Middle) _____ c. (Last) <u>Margreiter</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1950</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 17, 1885</u>
9. AGE (In years last birthday) <u>65</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>Mus. c. Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Green City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Downing</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hook</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Augustus Margreiter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. H.A. Margreiter</u>		17b. ADDRESS <u>919 S. Davis</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gb. with metastases to liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes several</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 year (?)</u> <u>155X</u> <u>years</u>			
19a. DATE OF OPERATION <u>3-1-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive metastases of Gb. Ca. to liver</u>	
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) _____		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>2-17-1950</u> to <u>3-13-1950</u> , that I last saw the deceased alive on <u>3-13-1950</u> , and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George E. Grim</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirksville, Mo</u>	
23c. DATE SIGNED <u>3-14-50</u>			
24a. BURIAL (CREMATION-REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>3-17-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-16-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>		ADDRESS <u>Kirksville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

at Sta. burial taken there 00013

RECEIVED
MAR 28 1950
District Health Officer No.
District File Number 2-57
Date Filed MAR 28 1950

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Linsville, 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.