

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9588

State File No.

FILED MAR 28 1950

Registrar's No. 22

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		State File No.	
1. PLACE OF DEATH a. COUNTY <u>Macouly Co, mo</u> <u>Lake View Rest Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Macouly</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Macouly</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macouly Rural</u>		d. STREET ADDRESS (If rural, give location) <u>063</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake View Rest Home</u>							
3. NAME OF DECEASED a. (First) <u>Louisa</u> b. (Middle) <u>Maidie</u> c. (Last) <u>Pines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 8 - 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>Dec. 9 1863</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House keeping</u>			11. BIRTHPLACE (State or foreign country) <u>Stewart Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mr. Graves</u>		13b. MOTHER'S MARDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Pines (dead)</u>	
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 ADDRESS <u>Mrs. Alta Stephens Macouly 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* <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES <u>Influenza</u> DUE TO (a) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fracture of left femur</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 days</u> <u>491 X</u> <u>1 yr.</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) _____		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>March 2, 1950</u> , to <u>March 8, 1950</u> , that I last saw the deceased alive on <u>March 8, 1950</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Durbin</u> (Degree or title) _____				23b. ADDRESS <u>Macouly</u>		23c. DATE SIGNED <u>3/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>March 9 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wm. Taylor Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atlanta Macouly Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/17/50</u>		REGISTRAR'S SIGNATURE <u>Cluth Mcneely</u> <u>185</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HMB - Odessa Atlanta Mo</u>			

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

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46094

RECEIVED 3/23/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 350/57
Date Filed 3/25/50

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 *H. W. Gooding*

Licensed Embalmer No. 1750

P. O. Address *Atlanta 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.