

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16266

State File No.

BIRTH NO. 5-16-50 REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4153 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Golden City</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>MAGGIE</u>	<u>LOU</u>	<u>MAMMEN</u>	<u>May</u>	<u>14</u>	<u>1950</u>

5. SEX <u>Femal</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 10, 1886</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>63</u>	<u>10</u> Months	<u>4</u> Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Pilgrim, Mo. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David C. Reich</u>	13b. MOTHER'S MAIDEN NAME <u>Kissie Jones</u>	14. NAME OF HUSBAND OR WIFE <u>John Mammen</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Mammen, Lockwood, Missouri</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pseudomyxoma of the ovary and peritoneum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>216X</u>

19a. DATE OF OPERATION <u>5-16-50</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 April 16th, 1950, to May 14th, 1950, that I last saw the deceased alive on May 14th, 1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Heilbrunn</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lockwood, Mo</u>	23c. DATE SIGNED <u>5-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Golden City, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>5-16-50</u>	REGISTRAR'S SIGNATURE <u>Geo. L. Meier 79</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Funeral Home</u>	ADDRESS <u>Golden City, Missouri</u>
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RECEIVED MAY 22 1950
District Health Office No. 6,

District File Number 550-594
Date Filed 5-22-50

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. P. Hughes.....

Licensed Embalmer No. 3278.....

P. O. Address, Golden City, 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.