

No. 300  
10.48

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20592

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Iowa</i> b. COUNTY <i>Woodbury</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Independence</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Sioux City</i>	
c. LENGTH OF STAY (In this place) <i>12 hrs</i>		8146	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Independence Sanitarium</i>		d. STREET ADDRESS (If rural, give location) <i>1212 Pierce Street</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Roy</i>	b. (Middle) <i>M</i>	c. (Last) <i>Muir</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 13, 1950</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 4, 1894</i>	9. AGE (In years last birthday) <i>56</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>9</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <i>Truck Driver</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Union Freight Line</i>	11. BIRTHPLACE (State or foreign country) <i>Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Peter Muir</i>	13b. MOTHER'S MAIDEN NAME <i>Susan Lineon</i>	14. NAME OF HUSBAND OR WIFE <i>Edna Louise Muir</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>477-09-8618</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Edna Louise Muir</i>	ADDRESS <i>Sioux City, Ia</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Circulatory failure</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>4343</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertrophy &amp; Sclerotization</i>		
	DUE TO (c) <i>Heart</i>		
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>	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) <i>3:00 PM</i>	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Merch. of Queen's Corner</i>	23b. ADDRESS <i>1034 Park Bldg.</i>	23c. DATE SIGNED <i>6-13-50</i>
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24a. BURIAL, CREMATION, DATE OF TOMB REMOVAL (Specify) <i>Buried June 14, 1950</i>	24b. NAME OF CEMETERY OR CREMATORY <i>Memorial Cemetery</i>	24c. LOCATION (City, town, or county) (State) <i>Sioux City, Iowa</i>
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DATE REC'D BY LOCAL REG. <i>June 14-1950</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	354	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>Indy. 210</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 26 RECD

JUL 13 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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Indep. 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.