

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27718

175

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5864		Registrar's No. 175		
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pickering</b>		c. LENGTH OF STAY (in this place) <b>14 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pickering - rural 0740</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 1/4 miles SE Union</b>				d. STREET ADDRESS (If rural, give location) <b>1 1/4 miles SE 0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>ZUA</b>			b. (Middle) <b>NONDA</b>		c. (Last) <b>TREECE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 15 50</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>9/8/94</b>		9. AGE (In years last birthday) <b>55</b> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Daniel B. Monroe</b>			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Dorsey V. Treece</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorsey V. Treece, Pickering, Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>592 X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>6/12, 1950</b> to <b>Aug. 15, 1950</b> , that I last saw the deceased alive on <b>6/12, 1950</b> , and that death occurred at <b>5:30 p.m.</b> ; from the causes and on the date stated above.								
23a. SIGNATURE <b>B. J. Byland</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>8-18-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/18/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Orrsburg</b>		24d. LOCATION (City, town, or county) (State) <b>Parnell, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5-26-50</b>		REGISTRAR'S SIGNATURE <b>Beno Holtz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home</b>		ADDRESS <b>Maryville, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10:48

740



**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 L. Sauter

Licensed Embalmer No. 4787

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.