

FILED MAR 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7593

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

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 306	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. LENGTH OF STAY (In this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION WAGONER REST HOME 601 Kentucky St.				d. STREET ADDRESS (If rural, give location) 6206 Grant St. 0			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle) MAUZEY		c. (Last)	
4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 11-27-1879		9. AGE (In years less birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Edgerton, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Oliver Stobaugh		13b. MOTHER'S MAIDEN NAME Mary Alice Cannon		14. NAME OF HUSBAND OR WIFE Alvin Mauzey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvin Mauzey, 6206 Grant St.			
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) Acute Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease ? DUE TO (c) Arteriosclerosis General ? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus ?				INTERVAL BETWEEN ONSET AND DEATH few minutes ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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 9-22-1949, to 3-15, 1951, that I last saw the deceased alive on 3-10, 1951, and that death occurred at 6:50A m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS 510 Carly Bldg		23c. DATE SIGNED 3-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1951		24c. NAME OF CEMETERY OR CREMATORY Camden Point		24d. LOCATION (City, town or county) (State) Camden Point, Mo.	
DATE REC'D BY LOCAL REG. Mar. 21, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St. Joseph, Mo.	

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

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*John E. Rupp*  
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.