

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1951

State File No. 8014

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pacific</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pacific</i>	
c. LENGTH OF STAY (If this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Jacob</i> c. (Last) <i>Mauthe</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 21, 1951</i>			
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>Jan. 14, 1874</i>	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Month: <i>-</i> Days: <i>-</i>	IF UNDER 6 WKS. Hours: <i>-</i> Min.: <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Food Sales</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>William Mauthe</i>		13b. MOTHER'S MAIDEN NAME <i>Kisan Tiburg</i>		14. NAME OF HUSBAND OR WIFE <i>Margaret Mauthe</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Margaret Mauthe Pacific Mo</i>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 mo</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Multiple cerebral aneurysm</i>		
	DUE TO (c) <i>Hypertension - arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized arteriosclerosis</i>			

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) <i>331X</i>
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 *May 7, 1951* to *March 21, 1951*, that I last saw the deceased alive on *Mar 21, 1951*, and that death occurred at *7:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. Mercer M.D.</i>		23b. ADDRESS <i>Pacific Mo</i>		23c. DATE SIGNED <i>3/24/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-24-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pacific Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Pacific Mo</i>		
DATE REC'D BY LOCAL REG. <i>4-10-51</i>	REGISTRAR'S SIGNATURE <i>Mary B. Gann</i>	94	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Geo. L. Shieles Pacific Mo</i>		

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 3 1951

RECEIVED

MAY 3 1951

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 *Geo. L. Thibodeau*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.