

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9714

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 188	
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>DONIPHAN</u>		c. LENGTH OF STAY (in this place) <u>STAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DONIPHAN</u>		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 LAFAYETTE</u>				d. STREET ADDRESS (If rural, give location) <u>1002 LAFAYETTE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u>		b. (Middle) <u>G.</u>		c. (Last) <u>MIKESEK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW 2</u>		8. DATE OF BIRTH <u>DEC-9-1863</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	
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		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD GARRETT</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. MIKESEK</u>			
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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS W.T. WEEKS DONIPHAN MISSOURI</u>			
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) <u>Cardiac Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Semility</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>  <u>444X</u>	
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) (Min.)		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 <u>Aug 19, 1949</u> , to <u>Jan 25, 1951</u> , that I last saw the deceased alive on <u>Jan 25, 1951</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Johnson M.D.</u>				23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>2-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY</u>		24d. LOCATION (City; town, or county) (State) <u>DONIPHAN MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-22-51</u>		REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. W. Edwards Doniphan Mo.</u>			

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

0910

RECEIVED

MAR 19 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

---

---

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.....

1-29-1951

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed Geo. D. Luskel .....

Licensed Embalmer No. 3475 .....

P. O. Address Danvers, 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.