

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17259
Registrar's No. 8

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5732

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vacon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Gifford		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Gifford Mo 0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Alice	c. (Last) Mikel	4. DATE OF DEATH (Month) (Day) (Year) May 25 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rufus A. Gentry	13b. MOTHER'S MAIDEN NAME Mary F. Porter	14. NAME OF HUSBAND OR WIFE J. H. Mikel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Richard Hardy	ADDRESS South Gifford Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Chronic nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		12 years 15 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **May 24, 1951**, to **May 25, 1951** that I last saw the deceased alive on **May 24, 1951**, and that death occurred at **11:05 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph W. Giltner	(Degree or title) DO	23b. ADDRESS La Plata, Mo	23c. DATE SIGNED May 29, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28 1951	24c. NAME OF CEMETERY OR CREMATORY La Plata	24d. LOCATION (City, town, or county) (State) La Plata Vacon Mo
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DATE REC'D BY LOCAL REG. 6/1/51	REGISTRAR'S SIGNATURE Daphne Lowerton	184	25. FUNERAL DIRECTOR'S SIGNATURE W. H. McCallum	ADDRESS South Gifford Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 6.4.83
MAGON COUNTY HEALTH DEPARTMENT
County File No. 6-37-83
Date Filed 6-7-83

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *M. H. McCallister*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.