

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31091

State File No.

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 100

0821

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural--Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>716 North Carolina St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Louisiana Missouri</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>C</u> c. (Last) <u>MISEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Oct. 2, 1859</u>			9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>11</u>
IF UNDER 24 HRS. Days <u>28</u>	IF UNDER 1 Min.	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 <u>Housekeeping</u>
11. BIRTHPLACE (State or foreign country) <u>Louisiana, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		

13a. FATHER'S NAME <u>Sylvester Mayhew</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Rhea</u>		14. NAME OF HUSBAND OR WIFE <u>George Misel</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Betwars, Louisiana, Missouri</u>	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Ac. Myocarditis.</u>			
ANTECEDENT CAUSES		DUE TO (b) <u>Chr. Cardio-Vascular Disease</u> <u>3 yrs</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chr. Arterio-Sclerosis.</u> <u>several yrs.</u>			
II. OTHER SIGNIFICANT CONDITIONS		<u>Chr. Diabetes Mellitus</u>			<u>15 yrs. +</u>
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		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 Sept 1, 1951, to 9-30-, 1951, that I last saw the deceased alive on Sept. 27, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. LeDuc M.D.</u>		23b. ADDRESS <u>216 Georgia St Louisiana, Mo</u>		23c. DATE SIGNED <u>10-1-51</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/2/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Oct 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>sterne Funeral Home, Louisiana, Mo.</u>	
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Date Received: **OCT 1 1 1951**
DISTRICT HEALTH OFFICE #2
District File Number *10-51-1815*
Date Filed: **OCT 1 1 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Virginia M. Sterne*

Signed.....
Student Embalmer

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.