

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32772

State File No.

FILED NOV 5 1951

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4064</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>CADWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CADWELL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIDDER</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIDDER</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u> b. (Middle) <u>Viola</u> c. (Last) <u>Mabigan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct. 15, 1868</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>CRESTON - IOWA</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Thomas Stoneking</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah R. Lewis</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Viola Brice Kidder MO</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>Myocarditis (acute)</u> INTERVAL BETWEEN ONSET AND DEATH <u>98-51</u> <u>9-28-51</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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>431X</u>					
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) m.		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>Sept 8</u> , 19 <u>51</u> , to <u>Sept 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 28</u> , 19 <u>51</u> , and that death occurred at <u>11:00 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. P. Elder D.O.</u>			23b. ADDRESS <u>Hamilton Mo.</u>		23c. DATE SIGNED <u>Oct 20 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>packard Comotony</u>			
24d. LOCATION (City, town, or county) (State) <u>cameron MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>Oct 24-51</u>		24f. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>			
24g. DATE REC'D BY LOCAL REG.		24h. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK</u>			
24g. DATE REC'D BY LOCAL REG.		24h. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>cameron Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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 *LeGrand Church* _____

Licensed Embalmer No. *2533* _____

P. O. Address *Cameron 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.