

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38041

State File No.

FILED NOV 29 1951

1493

5695

0580

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Jackson</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Jackson. 0580</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 1/2 S.E. Laredo</u>				d. STREET ADDRESS (If rural, give location) <u>9 1/2 S.E. Laredo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Veda</u>			b. (Middle) <u>Ellen</u>		c. (Last) <u>McMickle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/14/1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u>22</u> Min. <u>00</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 <u>own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>H.T. Jeronimo</u>			13b. MOTHER'S MAIDEN NAME <u>Honey McEown</u>		14. NAME OF HUSBAND OR WIFE <u>M.B. McMickle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M.B. McMickle Chula</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 - acute</u> ANTECEDENT CAUSES <u>Myocardial decompensation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia - Rheumatoid arthritis 7 years</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>431X</u>					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>March</u> , 19 <u>51</u> , to <u>Nov 16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 13</u> , 19 <u>51</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J.R. Martin</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Crossing, Mo.</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/18/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hersville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humphreys Mo</u>			
DATE REC'D BY LOCAL REG. <u>Ellen</u>		REGISTRAR'S SIGNATURE <u>Elva Crookshanks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u>		ADDRESS <u>Funeral Home Laredo Mo</u>		

Nov. 21, 51

Date Received: NOV 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2125
Date Filed: NOV 26 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 *J. M. Robertson*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4388*.....

P. O. Address *Laredo, Tex*.....

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.