

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42232**

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Macon	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Callas Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Callas Mo. 0300	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sumner Hospital			

3. NAME OF DECEASED
(Type or Print) a. (First) **Minnie** b. (Middle) _____ c. (Last) **Dumcith** **4. DATE OF DEATH** (Month) (Day) (Year) **12-26-1951**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **2-25-1882** **9. AGE** (In years less birthday) **69** **10. KIND OF BUSINESS OR INDUSTRY** **Domestic**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic** **11. BIRTHPLACE** (State or foreign country) **Callas Mo 0** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Jamies Robert** **13b. MOTHER'S MAIDEN NAME** **Isabelle Richardson** **14. NAME OF HUSBAND OR WIFE** **Ira Dumcith Callas Mo**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Ira Dumcith** **ADDRESS** **Callas Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Vascular accident**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Previous C.V.A.**
DUE TO (c) **Hypertension-type ?**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days
1 yr.
?

19a. DATE OF OPERATION **None** **19b. MAJOR FINDINGS OF OPERATION** **None** **20. AUTOPSY?** YES NO

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)** _____ **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **24 Dec, 1951, to **26 Dec, 1951**, that I last saw the deceased alive on **25 Dec, 1951**, and that death occurred at **12:55P m.**, from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **Edward M. Johnson M.D.** **23b. ADDRESS** **Macon, Mo** **23c. DATE SIGNED** **27 Dec 51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **1/27/51** **24c. NAME OF CEMETERY OR CREMATORY** **Hull Cemetery** **24d. LOCATION** (City, town, or county) (State) **Callas RFA Mo**

DATE REC'D BY LOCAL REG. **12/27/51** **REGISTRAR'S SIGNATURE** **Futh McNeely 185** **25. FUNERAL DIRECTOR'S SIGNATURE** **J. S. Edwards** **ADDRESS** **Callas Mo**

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10-48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 1.7.52
Date Filed 1.52.6
1.8.52

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 _____

James D. Davis
Licensed Embalmer No. 4498

P. O. Address *Berlin, Missouri*

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.