

**STANDARD CERTIFICATE OF DEATH**

1984

State File No. ....

No. 300  
10.48

FILED FEB 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 10

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Macon</u> b. CITY OR TOWN <u>Macon</u> c. LENGTH OF STAY (in this place) <u>Home</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1173 N. Rubey</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> c. CITY OR TOWN <u>Macon</u> d. STREET ADDRESS (If rural, give location) <u>1173 N. Rubey</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>Della</u> b. (Middle) <u>May</u> c. (Last) <u>Mott</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 2 1952</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>June 18, 1872</u>	<b>9. AGE</b> (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Elmer, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>John F. Burns</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Ann Edwards</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes; no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Mary Ann Joy</u> ADDRESS <u>Macon, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension &amp; silent clinic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 wks</u> <u>See yrs</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>33ix</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from May 18, 1951, to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Howard Miller MD</u>	<b>23b. ADDRESS</b> <u>Macon</u>	<b>23c. DATE SIGNED</b> <u>2/5/52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2/5/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bunce Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Macon Co., Mo</u>
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<b>DATE, REC'D BY LOCAL REG.</b> <u>2/9/52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ruth McNeely</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Albert Skinner Macon, Mo</u>
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RECEIVED 2. 11. 52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 252033  
Date Filed 2. 13. 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thos. L. Bolt

Licensed Embalmer No. 4552

P. O. Address Macon, 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.