No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5650

FILED FEB 25 1952

BIRTH NO. 582 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brookfield Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Purdin 0580
d. STREET ADDRESS (If rural, give location): Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Maggie b. (Middle) May c. (Last) Cunard

4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7th 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 10 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Keeping Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harry Arnold
13b. MOTHER'S MAIDEN NAME: Syntphia Gill
14. NAME OF HUSBAND OR WIFE: Arlington Bruce Canard

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Joseph T. Wolfe, Purdin, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardetes — INTERVAL BETWEEN ONSET AND DEATH: 4 das

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pyelonephritis — 6 wks
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: 6000
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 2-2, 1952, *to* 2-13, 1952, *that I last saw the deceased alive on* 2-13, 1952, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Smith MD
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 2/16

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Purdin Cemetery
24d. LOCATION (City, town, or county) (State): Purdin Mo.

DATE REC'D BY LOCAL REG.: 2-18-52
REGISTRAR'S SIGNATURE: Glynetta Burkhalder 167 Dys
25. FUNERAL DIRECTOR'S SIGNATURE: G. B. Brothers ADDRESS: Lennox, Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed W R Wright

Licensed Embalmer No. 4655

P. O. Address Laclede - 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.