

NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34581

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Marion Twn.		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Marion Township		d. STREET ADDRESS (If rural, give location) 6 Miles South, Pattonsburg, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6 Mi. S. Pattonsburg, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary Elizabeth b. (Middle) Deem c. (Last) Deem			4. DATE OF DEATH (Month) (Day) (Year) Oct 13, 1952			
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). Widowed 2	8. DATE OF BIRTH Sept 30, 1858	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Harrison County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Edward L. Ellis		13b. MOTHER'S MAIDEN NAME Elizabeth J. Ford		14. NAME OF HUSBAND OR WIFE S. G. Deem	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Faye Breeden, Rt. 4, Gallatin, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senile Myocardial Degeneration</i>		INTERVAL BETWEEN ONSET AND DEATH 1.5 yrs
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4922		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 July, 1952 to Oct. 13, 1952, that I last saw the deceased alive on Oct. 13, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Floyd E. Nelson M.D. (Degree or Title)		23b. ADDRESS Gallatin, Mo.		23c. DATE SIGNED Oct. 15, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 16, 52		24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery	
				24d. LOCATION (City, town, or county) (State) Coffey, Mo. S2	

DATE REC'D BY LOCAL REG. 10-29-52		REGISTRAR'S SIGNATURE Virginia M. Englehart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pattonsburg, Mo.	
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(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 *Levin Quest* _____

Licensed Embalmer No. *4096* _____

P. O. Address *Gettysburg, Md.* _____

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.