

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42763**
REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **521**

FILED JAN 7 - 1953

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline 1581	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Braggan Addn	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Ann c. (Last) Passig			4. DATE OF DEATH Dec 13, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 29, 1876
9. AGE (In years: last birthday) 76		IF UNDER 1 YEAR 3 Months	IF UNDER 12 HRS. 14 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) New Cambria, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Joe Vantine		13b. MOTHER'S MAIDEN NAME Elizabeth Lambert	14. NAME OF HUSBAND OR WIFE Herman
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 Guss. Passig ADDRESS Marceline, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC CAROIO-VASCULAR DISEASE 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	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)		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 Aug , 1952, to DEC , 1952, that I last saw the deceased alive on DEC 13 , 1952, and that death occurred at 10:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul I. Berry M.D. (Degree or title)		23b. ADDRESS Marceline Mo	23c. DATE SIGNED 12/15/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/16/52	24c. NAME OF CEMETERY OR CREMATORY Roselawn
24d. LOCATION (City, town, or county) Marceline, MO		(State)	
DATE REC'D BY LOCAL REG. 12-16-52	REGISTRAR'S SIGNATURE Mary Lou O'Brien	25. FUNERAL DIRECTOR'S SIGNATURE James McLaughlin ADDRESS Marceline Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 X

Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed George W. Dawselt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.