

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10633**

FILED APR 8 1953

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4323 Registrar's No. 20

0650
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) Ravanna, Mo		c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) Ravanna, Mo		OR TOWN 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Maggie		a. (First) B.	b. (Middle) Zully	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3-21-53	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4-2-1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John E. Miller		13b. MOTHER'S MAIDEN NAME Talitha Caldwell		14. NAME OF HUSBAND OR WIFE		
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 ADDRESS Mrs Charlie Cochell Ravanna, 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) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyperstatic Pneumonia DUE TO (c) Chronic Bronchial Asthma				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 wk. year	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		241X		
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 October , 1949, to March , 1953, that I last saw the deceased alive on March 20 , 1953, and that death occurred at 4:30 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Geo. J. Harrison, M.D.			23b. ADDRESS Box 98 - Mercer, Missouri		23c. DATE SIGNED 3-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-23-53	24c. NAME OF CEMETERY OR CREMATORY Ravanna	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo			
DATE REC'D BY LOCAL REG. 4-2-53	REGISTRAR'S SIGNATURE Hall	393-0	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo	

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 Neil Moss

Licensed Embalmer No. 2634

P. O. Address Princeton N.J.

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.