

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10948

State File No.

FILED MAR 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5950</u> Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hartford Twp</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>New Hartford</u>		0820
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>METTIE</u>		b. (Middle) _____	c. (Last) <u>EXTZAR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-18 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 29 1872</u>	9. AGE (In years last birthday) <u>81</u>	If UNDER 1 YEAR: Months <u>8</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pike Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Extzar</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Sherman</u>		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) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Shepherd</u>		
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) <u>Chronic myocarditis</u> 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. _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 years 4 months</u>
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)		4222
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 <u>Nov 18</u> , 19 <u>44</u> , to <u>Mar 18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 16</u> , 19 <u>53</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James B. Bragg, M.D.</u>		23b. ADDRESS <u>Bowling Green, Mo.</u>		23c. DATE SIGNED <u>Mar 20, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cashley</u>	24d. LOCATION (City, town, or county) (State) <u>Cashley, Pike Co MO</u>		
DATE REC'D BY LOCAL REG. <u>3-20-53</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Darkwood</u>	ADDRESS <u>Bowling Green, Mo.</u>	

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

1820

JAN 13 1955

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

Harold C. Kirk

Signed.....
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Baltimore, 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.