

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13445**

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Calwell 0130		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Calwell 0130	
b. CITY (If outside corporate limits, write RURAL and give township) Braymer	c. LENGTH OF STAY (In this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Braymer, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ann	c. (Last) Metz	4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953
--	------------------------	------------------------	-----------------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH Sept 18, 1871	9. AGE (In years last birthday) 81 yrs	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
-------------------------	----------------------------------	--	--	--	------------	----------	-----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Braymer, Ray Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	--	---

13a. FATHER'S NAME David Todmay	13b. MOTHER'S MAIDEN NAME Elizabeth Jones	14. NAME OF HUSBAND OR WIFE James Metz
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John D. Metz, Breckenridge 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		many years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis		many years
DUE TO (c) Generalized Arteriosclerosis		many years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma		5 years	

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 **April 19, 1953**, to **Apr. 24, 1953**, that I last saw the deceased alive on **Apr. 24, 1953**, and that death occurred at **7:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Fuldberg M.D.	23b. ADDRESS Braymer, Missouri	23c. DATE SIGNED 4-25-53
--	--	------------------------------------

24a. BURIAL (CREMATION) REMOVAL (Specify) Burial	24b. DATE 4-26-53	24c. NAME OF CEMETERY OR CREMATORY :little Union Cem	24d. LOCATION (City, town, or county) (State) Braymer, Mo
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 4-30-53	REGISTRAR'S SIGNATURE Mrs. Nell B Jones	373	25. FUNERAL DIRECTOR'S SIGNATURE Meall Funeral Service	ADDRESS Braymer, Mo
--	---	-----	--	-------------------------------

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  _____

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri.

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.