No. 300
10.48

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

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20440

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 612 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural Kelso Twp
c. LENGTH OF STAY (In this place): 26 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Claude Hanna Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural Kelso Twp
d. STREET ADDRESS (If rural, give location): Route 2 1000

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Peter c. (Last) Mikes

4. DATE OF DEATH (Month) (Day) (Year): May 24 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Oct 4, 1873
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work most of working life, even if retired): Retired Car Dept
10b. KIND OF BUSINESS OR INDUSTRY: Frisco RR.
11. BIRTHPLACE (State or foreign country): Zalma Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mamie Stookey Mikes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Claude Hanna
ADDRESS: R2 Chaffee 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) High blood pressure — 2 yrs

DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5 1952 *to* May 24 1953 *that I last saw the deceased alive on* May 23 1953, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W W Barnett (Degree or title) MD
23b. ADDRESS: Delta Mo
23c. DATE SIGNED: May 26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-53
24c. NAME OF CEMETERY OR CREMATORY: Rockview
24d. LOCATION (City, town, or county) (State): Rockview Kelso Twp. Mo

DATE REC'D BY LOCAL REG.: 5-28-53
REGISTRAR'S SIGNATURE: Mrs Fred Bisplinghoff
25. FUNERAL DIRECTOR'S SIGNATURE: Bisplinghoff Funeral Home
ADDRESS: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-21-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 53-117

1953 9

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 Jack J. Dunnett

Licensed Embalmer No. 4473

P. O. Address Cheffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.