S. No. 300
v. 10.48

0300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21150

State File No.

FILED JUN 30 1953

BIRTH NO. REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5348 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - GRANT
c. LENGTH OF STAY (In this place) 2 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Grant
d. STREET ADDRESS (If rural, give location)

0300

3. NAME OF DECEASED (Type or Print)
a. (First) Mae
b. (Middle) Ethel
c. (Last) Squire

4. DATE OF DEATH (Month) (Day) (Year) 6 - 10 - 53

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH Mar - 28 - 1877
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months 2 Days 12 — IF UNDER 24 HRS.: Hours Min.

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 (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edwin Miller
13b. MOTHER'S MAIDEN NAME Melvina Knapp
14. NAME OF HUSBAND OR WIFE Homer I. Squire

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. —
17. INFORMANT'S SIGNATURE OR NAME M. H. I. Squire — **ADDRESS** Louisburg 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: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 8-10 yr
DUE TO (c) Virus pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 8-10 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 492X
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.)
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 April 1953, to 8 June, 1953; that I last saw the deceased alive on 8 June, 1953, and that death occurred at 6:3 pm., from the causes and on the date stated above.

23a. SIGNATURE O. A. Griffin (Degree or title) MD
23b. ADDRESS Buffalo Mo
23c. DATE SIGNED 16 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-13-53
24c. NAME OF CEMETERY OR CREMATORY Mission Ridge Cem.
24d. LOCATION (City, town, or county) (State) Dallas Co. Mo

DATE REC'D BY LOCAL REG. 6/27/53
REGISTRAR'S SIGNATURE Theo Grace Pilcher
25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Vaughan **ADDRESS** Urbana Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Allen W. Vaughan

Signed .....
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.