S. No. 300
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1953

State File No. 22587

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Polk
c. LENGTH OF STAY (In this place): 6 mt.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Polk - 4 miles East Lawson.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: McClintock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron. 0251
d. STREET ADDRESS (If rural, give location): 224 South Orange.

3. NAME OF DECEASED (Type or Print)
a. (First): Evelyn
b. (Middle): Margaret
c. (Last): Maze

4. DATE OF DEATH (Month) (Day) (Year): 6 12 53.

5. SEX: f
6. COLOR OR RACE: w.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 14 - 1870
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife.
10b. KIND OF BUSINESS OR INDUSTRY: House wife.
11. BIRTHPLACE (City and State or Foreign Country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Wilson
13b. MOTHER'S MAIDEN NAME: Margaret Carson.
14. NAME OF HUSBAND OR WIFE: John Davis, Maze.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs Nellie Drown, Lawson 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): Cardio-Renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio-Sclerosis — 15 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442X
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): Lawson Ray Mo.
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* June, 1952, *to* June 6, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 11:01 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Delus E Buehrer M.D.
23b. ADDRESS: Lawson Mo
23c. DATE SIGNED: June 15, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-15-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant.
24d. LOCATION (City, town, or county) (State): Maysville Mo.

DATE REC'D BY LOCAL REG.: June 15, 1953
REGISTRAR'S SIGNATURE: Mrs. Raymond Grove 0364
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Poland Funeral Home, Cameron Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F Poland

Licensed, Embalmer No. 4777

P. O. Address 224 West 3rd St. [illegible]

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.