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FILED AUG 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25620

State File No.

BIRTH NO. REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Macon Co Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Plata Mo
c. LENGTH OF STAY (in this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Plata Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Plata 0610
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Martha b. (Middle) ann c. (Last) Miles

4. DATE OF DEATH (Month) (Day) (Year) 7 - 23 - 1953

5. SEX F
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan-25-1863
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 5 Days 28 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 Keeper
11. BIRTHPLACE (State or foreign country) Adair Co, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel Rodwell
13b. MOTHER'S MAIDEN NAME Louisa Fells
14. NAME OF HUSBAND OR WIFE

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. X
17. INFORMANT'S SIGNATURE OR NAME M. W. Miles ADDRESS Laplata 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) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332 X
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* July 19, 1953, *to* July 23, 1953, *that I last saw the deceased alive on* July 23, 1953, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harold H. Schulte
23b. ADDRESS La Plata Mo.
23c. DATE SIGNED 7/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July-26-53
24c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery
24d. LOCATION (City, town, or county) (State) LaPlata Mo.

DATE REC'D BY LOCAL REG. July 25-53
REGISTRAR'S SIGNATURE Mrs. Ed. Griffin 186
25. FUNERAL DIRECTOR'S SIGNATURE D. S. Christie ADDRESS LaPlata Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7.28.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.53.135
Date Filed 7.29.53

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 H. S. Christie

Licensed Embalmer No. ✓

P. O. Address Fabius Mo.

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.