

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29230

State File No.

FILED SEP 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5678</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Haverly</u>		d. STREET ADDRESS (If rural, give location) <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haverly Township</u>							
3. NAME OF DECEASED a. (First) <u>William W.</u> b. (Middle) <u>Michie</u> c. (Last) <u>Michie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-22-1885</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during days of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ashley Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward G. Michie</u>		13b. MOTHER'S MAIDEN NAME <u>Ida M. Pritchett</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Michie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Record</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis -</u>		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					<u>One year.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatectomy</u> DUE TO (c)					
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) (Min.)		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 <u>Jan 9, 1953</u> to <u>Aug 24, 1953</u> , that I last saw the deceased alive on <u>Aug 10, 1953</u> , and that death occurred at <u>2A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Penn</u> (Degree or title)			23b. ADDRESS <u>Selex Mo.</u>		23c. DATE SIGNED <u>Aug 26 '53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>	
DATE REC'D. BY LOCAL REG. <u>9/9/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Cleora Kientz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. E. Moore</u> ADDRESS <u>Bowling Green</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

SEP 16 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. B. Elmore

Signed.....
Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.