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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. 30797

BIRTH NO. 49220		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 4507		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Vernie			b. (Middle)			c. (Last) MOLZ	
4. DATE OF DEATH		(Month) July		(Day) 6		(Year) 1953	
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 6, 1953		9. AGE (In years, last birthday) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crane, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Vernie Mals			13b. MOTHER'S MAIDEN NAME Frankie McCarter			14. NAME OF HUSBAND OR WIFE	
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 ADDRESS Vernie Mals, Reeds Spring			
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) Congestion of throat		II. OTHER SIGNIFICANT CONDITIONS					gland
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Enlarged thyroid gland					
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)		250X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 July 6, 1953 to July 6, 1953 that I last saw the deceased alive on July 6, 1953 and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE L.G. Schimata, M.D. (Degree or title)				23b. ADDRESS Reeds Spring, Mo.		23c. DATE SIGNED 7/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/7/53		24c. NAME OF CEMETERY OR CREMATORY Meade Cemetery		24d. LOCATION (City, town, or county) (State) Reeds Springs, Mo.	
DATE REC'D BY LOCAL REG. July 7-53		REGISTRAR'S SIGNATURE Mrs. J. Ann Bruce 317		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett L. Cheatham, Dealer, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 *not* _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Everett J. Cheatham

Licensed Embalmer No. *3870*

P. O. Address *Galena 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.