

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32324

State File No. _____

FILED OCT 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY OR TOWN <u>LEWISTOWN</u>		c. CITY OR TOWN <u>LEWISTOWN</u> <u>2560</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXX</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>SELENA</u> c. (Last) <u>VERNON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 24, 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>10/27/1863</u>	9. AGE (In years last birthday) <u>89</u>	10. MONTHS <u>10</u> DAYS <u>27</u> HOURS <u>1</u> MIN. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXXXXX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHESTER HILLS, OHIO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>BENJAMIN VERNON</u>		13b. MOTHER'S MAIDEN NAME <u>HULDAH NEWLON</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>XXXXXXXXXX</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELIZABETH SCHOFIELD LEWISTOWN, MO.</u>	

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>Acute Myocarditis</u>			DUE TO (b) <u>Chronic Myocarditis</u>			<u>3 Days</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) _____			<u>10 yrs.</u>		
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 <u>4-2-22</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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, 1952, to Sept, 1953, that I last saw the deceased alive on 24 Sept, 1953, and that death occurred at DOA m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Wells D.O.</u>		23b. ADDRESS <u>Lewistown, Mo.</u>		23c. DATE SIGNED <u>25 Sept 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>	
				24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-28-53</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles W. Arnold, Jr. Lewistown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

560

NOV 18 1959

6661 87 1004

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

Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.