

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35473

State File No.

FILED NOV 12 1953

REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 85

0331

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>10 yr's</u>	c. CITY OR TOWN <u>Salem</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>East 3rd Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lemeul</u>	b. (Middle) <u>Hutchison</u>	c. (Last) <u>Mauze</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/31/53</u>
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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>May 3rd 1870</u>	9. AGE (In years to birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>pensioner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>/</u>
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13a. FATHER'S NAME <u>Richard Mauze</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mauze</u>	14. NAME OF HUSBAND OR WIFE <u>Alzina Mauze</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alzina Mauze</u>	ADDRESS <u>Salem Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>± 2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis yrs</u> DUE TO (c) <u>Generalized arteriosclerosis</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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from NOV 1, 1953, to NOV 1, 1953 that I last saw the deceased alive on NOV 1, 1953, and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. BASS</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>SALEM MISSOURI</u>	23c. DATE SIGNED <u>10/2/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Harmony Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-2-53</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u>	ADDRESS <u>Dent Mo</u>
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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:
Signature of Student Embalmer

Signed: *Carl Halperin*

Licensed Embalmer No. *297*

P. O. Address *Dalem*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.