THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1953

State File No. 36482

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (in this place): 1 Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 124½ N. Rubey

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

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Douglas c. (Last) Mounce

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 27, 1871

9. AGE (In years last birthday): 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Rainls County Mo.0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Issac Mounce

13b. MOTHER'S MAIDEN NAME: Sarah Bunch

14. NAME OF HUSBAND OR WIFE: Sadie Mounce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no.

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Otto Mounce, Anabel 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) Cardiac Circulatory Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis (Old New)

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 30 minutes; Several years; Several years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4201

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* 10-1-, 1953, *to* 10/13/, 1953, *that I last saw the deceased alive on* 10-13, 1953, *and that death occurred at* 10:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Durden DO

23b. ADDRESS: Macon

23c. DATE SIGNED: 10-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 16 1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion

24d. LOCATION (City, town, or county) (State): Redman Mo.

DATE REC'D BY LOCAL REG.: 10/19/53

REGISTRAR'S SIGNATURE: Ruth McNeely

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Lester Hutton Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10.27.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 10-53-175
Date Filed 10-27-53

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.

Signed Charles L. Hutton

Signed _____
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.