

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38405**

ED DEC 1-1953

REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer		c. LENGTH OF STAY (In this place) 1 week	
d. FULL NAME OF HOSPITAL OR INSTITUTION Braymer city limits		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN San Diego	
		d. STREET ADDRESS (If rural, give location) 3071 Iowa St	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ALMEDA c. (Last) NORTH			4. DATE OF DEATH (Month) (Day) (Year) 11/16/53		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY housekeeping		8. DATE OF BIRTH 12/19/1873	
				9. AGE (In years last birthday) 80	
				11. BIRTHPLACE (City and State or Foreign Country) Dawn, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Daniel H. Martin		13b. MOTHER'S MAIDEN NAME Mary M. Goodhart		14. NAME OF HUSBAND OR WIFE John North	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Grant Martin, Braymer, Mo.	
				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) Coronary Thrombosis				2 hours	
*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			
		DUE TO (b) Coronary Arteriosclerosis		many years	
		DUE TO (c) Generalized Arteriosclerosis		many years	
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death: Chronic myocarditis		many years	

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)		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 **Nov. 10, 1953**, to **Nov 16, 1953**, that I last saw the deceased alive on **Nov. 15, 1953**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Goodberry M.D. (Degree or title)		23b. ADDRESS Braymer, Mo.		23c. DATE SIGNED 11/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED		24b. DATE 11/19/1953		24c. NAME OF CEMETERY OR CREMATORY ENON CEMETERY	
				24d. LOCATION (City, town, or county) (State) Carroll Co, Missouri	

DATE REC'D BY LOCAL REG. 11-24-53		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE Keneth Michael, Braymer, Mo. ADDRESS	
--	--	---	--	--	--

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

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

Geneb. Michael

Licensed Embalmer No.

4340

P. O. Address

Braymer, Mo.

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

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