

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41986

State File No.

FILED DEC 16 1953		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 5008	Registrar's No. 412
BIRTH NO. _____		1. PLACE OF DEATH		
a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Morrow Twp.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Morrow Twp. 0010
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 8 mi NE Green Castle		-d. STREET ADDRESS (If rural, give location) Route 3 Green Castle 0		
3. NAME OF DECEASED (Type or Print) a. (First) Ollie		b. (Middle) -----	c. (Last) Maiwald	4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 19, 1894	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Invalid)		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Karl Maiwald		13b. MOTHER'S MAIDEN NAME Wilhelmina Knettle	14. NAME OF HUSBAND OR WIFE Never married	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Drummond, Green Castle, 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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 493 X
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 Dec 9, 1953 , to Dec 10, 1953 , that I last saw the deceased alive on Dec 9, 1953 , and that death occurred at 7 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE N. Garrison		23b. ADDRESS Younger Mo		23c. DATE SIGNED 12-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Morelock	24d. LOCATION (City, town, or county) (State) Adair Co., Mo.
DATE REC'D BY LOCAL REG. 12-15-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Fentress, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Karl R. Kint

Licensed Embalmer No. 4689

P. O. Address Green City, 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.