

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45675

State File No. ....

BIRTH NO. FILED FEB 19 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural <del>Thomas</del> Neely Twp. 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Neely Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Naylor RFD		d. STREET ADDRESS (If rural, give location) Naylor RFD	

3. NAME OF DECEASED (Type or Print) Maragret Idel			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15 1953				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 28, 1875	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Osage Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Fred Klaas	13b. MOTHER'S MAIDEN NAME Maragret Gieck	14. NAME OF HUSBAND OR WIFE Henry Idel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Henry W. Idel
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. 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) Asphyxiation		DUE TO (b) cardiac failure		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) arteriosclerosis heart accompanied		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. coronary thrombosis				

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m. from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED 11-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/18/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Garden
24d. LOCATION (City, town, or county) Putler Co. Mo.	24e. (State) Mo.	
DATE REC'D BY LOCAL REG. 2/13/54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home
		ADDRESS Naylor, Mo.

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

120

RECEIVED

FEB 15 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 Bryan Mc Card  
Licensed Embalmer No. 4079  
P. O. Address Naylor, 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.