

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1808

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rock Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Central Twn. Hillsboro, Mo.	
c. LENGTH OF STAY (In this place) 28 da		d. STREET ADDRESS (If rural, give location) Hillsboro, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Four Oaks Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) ELLSWORTH	b. (Middle) HENRY	c. (Last) MIRGAIN Sr.	4. DATE OF DEATH (Month) (Day) (Year) Jan 27, 1954
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH October 3, 1878	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Nicholas Mirgain	13b. MOTHER'S MAIDEN NAME Diana Bobenshchute	14. NAME OF HUSBAND OR WIFE Jennie (Divorced)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Thomas Mirgain	ADDRESS Hillsboro, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy Rt. Meningeal Cereb. (Stroke)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis		
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	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) Summich Jefferson Mo (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 28/53 to 1-27, 1954, that I last saw the deceased alive on 1-27, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Steich Mrs (Degree or title)	23b. ADDRESS Imperial Mrs	23c. DATE SIGNED 1/28/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 30, 54	24c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery	24d. LOCATION (City, town, or county) Hillsboro, Mo. (State)
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DATE REC'D BY LOCAL REG Jan 30-1954	REGISTRAR'S SIGNATURE Ruth Giron	43	25. FUNERAL DIRECTOR'S SIGNATURE Dietrich Funeral Home	ADDRESS De Soto, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED FEB 4 1954

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.....

Licensed Embalmer No.

P. O. Address.....

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.