

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16774

State File No.

FILED JUN 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>4374</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a: STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clyde, Mo.</u>		c. LENGTH OF STAY (in this place) <u>84 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clyde, Mo.</u>		0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clyde Mo.</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Miss Carrie</u> b. (Middle) <u>Wirth</u> c. (Last) <u></u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1954</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 24 1869</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 4 Wks. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Clyde, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>John Wirth</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brant</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. E. Hobbs Clyde, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> 2 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis?</u> DUE TO (c) <u>arteriosclerotic heart disease?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> ?						INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>MD</u>		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 <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 <u>Feb</u> , 1954 to <u>5/25</u> , 1954 that I last saw the deceased alive on <u>5/14</u> , 1954 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. F. Byland</u>				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>5/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>		24d. LOCATION (City, town, or county) (State) <u>Conception, Mo. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 27 - 54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elna Benschaw</u> 370		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward J. Shellix Stodney</u>			

(Licensed Embalmer's Statement on Reverse Side)

140 11

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

Dr. Byford.

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 _____

~~working under my personal supervision.~~

Student
Student Embalmer

Signed.....

Lester G. Phillips

Licensed Embalmer No. *1898*

P. O. Address *Stockbury, Md*

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.