

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16915

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5969</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Campbell Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Campbell Twp.</u>		e. b. 4/3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Dunnegan</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D Dunnegan</u>			
3. NAME OF DECEASED (Type or Print) <u>Corroll</u>		a. (First) <u>Lee</u>		b. (Middle) <u>Mauzey</u>		c. (Last) <u>Mauzey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1954</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 20, 1877</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Chariton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Geo. W. Mauzey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Susan Glenn</u>		14. NAME OF HUSBAND OR WIFE <u>Stella V. Mauzey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella V. Mauzey Dunnegan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis and Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <u>Hypertension</u> 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.				18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		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 <u>Oct 3, 1950</u> , to <u>June 2, 1954</u> , that I last saw the deceased alive on <u>May 14, 1954</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. D. Brown DO</u>				23b. ADDRESS <u>Collins, Mo.</u>		23c. DATE SIGNED <u>6-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 5, 1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewel Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Turpin Funeral Home Bolivar, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

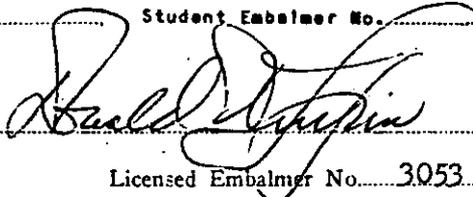
JUN 10 1953

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  Student Embalmer No.

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.