

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18268

State File No.

FILED JUL 13 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5221 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Pass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Grant</u>	
b. CITY OR TOWN <u>Rural (Dayton Township)</u>		c. CITY OR TOWN <u>Medford</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 Month</u>		e. STREET ADDRESS (If rural, give location) <u>805 0 8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Stobby</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 22 1861</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>August Bierman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Vischaski</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wm Davis</u> ADDRESS <u>Garden City, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio sclerosis</u>		
	DUE TO (c) _____		
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 <u>4-200</u>	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) (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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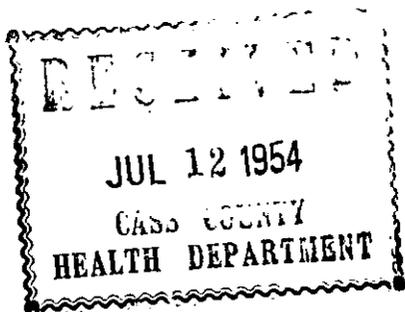
22. I hereby certify that I attended the deceased from 11 April, 1954, to 7 July, 1954, that I last saw the deceased alive on 6 July, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leoburn Ellis W.C.</u>	23b. ADDRESS <u>Garden City, Mo</u>	23c. DATE SIGNED <u>7/8/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monaite Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Medford, Oklahoma</u>
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DATE REC'D BY LOCAL REG. <u>7/9/54</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	457-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold's</u> ADDRESS <u>Brighton, Mo</u>
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed.....*Erwin R. Russell*.....

Licensed Embalmer No.....*492*.....

P. O. Address.....*Beighton,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.