

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30030

State File No.

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne, Mo. RR2</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles South Norborne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Staton Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margery</u>	b. (Middle) <u>A</u>	c. (Last) <u>Michael</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1954</u>
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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 20 1943</u>	9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 11 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>And School</u>	11. BIRTHPLACE (State or foreign country) <u>Norborne, Carroll County, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George O. Michael</u>	13b. MOTHER'S MAIDEN NAME <u>Marie L. Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo O Michael Norborne</u>	ADDRESS <u>Norborne, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestion of the chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By Virus</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	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 Sept. 11, 1954 to Sept. 13, 1954 that I last saw the deceased alive on Sept. 13, 1954 and that death occurred at Staton Hospital, from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Miller</u>	(Degree or title) <u>Physician</u>	23b. ADDRESS <u>Staton, Mo</u>	23c. DATE SIGNED <u>Sept 14 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/16/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9/16/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	45-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Deitch, Jr.</u>	ADDRESS <u>Norborne</u>
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WRITE PLAINLY—USING UNFADING 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John G. Deitch Jr

Licensed Embalmer No. 4797

P. O. Address Norborne

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.