

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

State File No. **40306**
Registrar's No. **350**

FILED DEC 30 1954

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5164**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Fulton Twp		c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 78 Yrs		e. STREET ADDRESS (If rural, give location) R.F.D.# 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Herve	c. (Last) Mirts	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 6, 1869	9. AGE (In years last birthday) 85	# UNDER 1 YEAR 11	# UNDER 1 MONTH 19	# UNDER 1 HOUR 0	# UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Allentown, Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Mirts	13b. MOTHER'S MAIDEN NAME Martha Jane Allen	14. NAME OF HUSBAND OR WIFE Sadie Sutter Mirts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. John H. Mirts	ADDRESS Fulton, Mo R#3
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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) Chronic Cardio-vascular Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Nephritis & Cystitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Repeated attacks of Nasal Hemorrhage			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592x	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 19, 1954 to Dec 25, 1954, that I last saw the deceased alive on 12/24, 1954, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. O. Payne</i>	(Degree or title) MD	23b. ADDRESS R #3 Fulton Mo	23c. DATE SIGNED 12-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec-26-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem	24d. LOCATION (City, town, or county) (State) S. Fulton Mo
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DATE REC'D BY LOCAL REG. Dec. 26-1954	REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	426	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wallace Funeral Home</i>	ADDRESS Fulton, Mo
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No. 300
10.48
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Daniel C. Browning*.....

Licensed Embalmer No. *2724*

P. O. Address *Fulton, N.*

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.