

STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1955

State File No.

BIRTH NO. REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 318

| | | | | | |
|---|---|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | | |
| b. CITY OR TOWN <u>Aldrich (Madison)</u> | | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY OR TOWN <u>Aldrich</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles N.W. of Cedar</u> | | | e. STREET ADDRESS (If rural, give location) <u>10 mi. N.W. of Aldrich</u> | | |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Maud Elsie Means</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1954</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u> | 8. DATE OF BIRTH <u>July 25 1878</u> | 9. AGE (In years last birthday) <u>75</u> | 10. MONTHS <u>8</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>Housework</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Samuel E. Claxton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Brown</u> | | 14. NAME OF HUSBAND OR WIFE <u>E. C. Means</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Means Aldrich Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | | |
| MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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) | | | | | |
| 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"/> |
| 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) | | <u>4222</u> |
| 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>May 4 1954</u> , to <u>May 6 1954</u> , that I last saw the deceased alive on <u>May 5 1954</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. M. C. ...</u> | | | 23b. ADDRESS <u>Bolivar Mo</u> | | 23c. DATE SIGNED <u>5-12-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>May 10/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mason's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Redevelle Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-30-54</u> | REGISTRAR'S SIGNATURE <u>Geneva Garrison</u> | | 54 | 25. EMERALD-DIRECTOR'S SIGNATURE ADDRESS <u>Ballard B. Green Redevelle</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

720

VS APR 28 1959

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 *Howard B. Erwin*

Licensed Embalmer No. *309*

P. O. Address *Saluda*

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.