

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY OR TOWN <u>Kirkville</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>10 yr</u>		e. STREET ADDRESS (If rural, give location) <u>907 E. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>907 E. Jefferson</u>		0013	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cassie</u> b. (Middle) <u>Floy</u> c. (Last) <u>Mauck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-30-1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-4-1885</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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 <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brashear Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			

13a. FATHER'S NAME <u>Joseph Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Rowe</u>	14. NAME OF HUSBAND OR WIFE <u>Ancie M. Mauch</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ancie M. Mauch, Kirksville, Mo</u>	ADDRESS
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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 <u>5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Previous cerebro-vascular accident 3 1/2 da.</u>			

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) _____
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 Dec 25, 1954, to Jan 30, 1955, that I last saw the deceased alive on Jan 30, 1955, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Milton T. Enghien</u>	23b. ADDRESS <u>M.O. Kirksville, Mo.</u>	23c. DATE SIGNED <u>Feb. 2, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-1-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brashear</u>	24d. LOCATION (City, town, or county) (State) <u>Brashear, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-2-55</u>	REGISTRAR'S SIGNATURE <u>Mato Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis & Neigel</u>	ADDRESS <u>Kirkville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 27 1967

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 *Harold H. Kugel*.....

Licensed Embalmer No. *429*

P. O. Address *Truckeeville*

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.