

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1801

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miss.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town East Prairie.</b>		c. CITY OR TOWN <b>East Prairie</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>702 O'Bryan</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b>	b. (Middle) <b>Maud</b>	c. (Last) <b>True</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 21, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 4, 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Fugate</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia Conyers</b>	14. NAME OF HUSBAND OR WIFE <b>Claude True</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Meda-True 702 O'Bryan E. Prairie.</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	11. 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 <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **Jan 27, 1953**, to **Jan 19, 1955**, that I last saw the deceased alive on **Jan 19, 1955**, and that death occurred at **12:00 Noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Donald W. Hill D.O.</b>	23b. ADDRESS <b>East Prairie</b>	23c. DATE SIGNED <b>1-25-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-23-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>
24d. LOCATION (City, town, or county) (State) <b>Charleston, Miss. Mo.</b>		

DATE REC'D BY LOCAL REG. <b>2-2-55</b>	REGISTRAR'S SIGNATURE <b>Trudie G. Harber</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. E. ... East Prairie, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0671

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FEB 7 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed FEB 7 1956

FEB 8 1956

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 J. E. M. Miller  
Licensed Embalmer No. 469

P. O. Address E. Prairie

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.