

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9213

State File No.

FILED MAR 16 1955

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>RAY</u> c. CITY OR TOWN <u>0890</u>	
d. CITY OR TOWN <u>HARDIN</u> e. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>HARDIN</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>FALYNOR HOME</u>		e. STREET ADDRESS (If rural, give location) <u>FALYNOR HOME</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>TREGO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5, 1955</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>Widowed 2</u>	8. DATE OF BIRTH <u>AUG. 24, 1884</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Mins. _____
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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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MONMOUTH Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>NATHAN W. DEAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA LEONARD</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM TREGO</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS ALMA KETHOLT - STET, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Acidosis</u>			<u>20 yrs</u>	
		ANTECEDENT CAUSES				
		DUE TO (b) <u>Diabetes Mellitus</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension; Arteriosclerosis</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260 X</u>			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) _____		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 Jan. 25, 1955, to March 5, 1955, that I last saw the deceased alive on March 5, 1955, and that death occurred at Liberty m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry S. Holloway, M.D.</u>		23b. ADDRESS <u>Hardin, Mo.</u>		23c. DATE SIGNED <u>3/5/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wakanda Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ray Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 7-1955</u>		REGISTRAR'S SIGNATURE <u>Melvin Jackson 273-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Krijeschild & Hochstetler - Hardin, Mo.</u>	
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WRITE PLAINLY—USING UNFAADING 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 *August Boicharding*.....

Licensed Embalmer No. *4678*.....

P. O. Address *Nardin, N.C.*.....

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.