

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11003

0102

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

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4045 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland</u>	
c. LENGTH OF STAY (in this place) <u>20 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Ashland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Jane</u>		b. (Middle) <u>Maze</u>	
c. (Last) <u>Maze</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 31 1865</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		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		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>W. KOVITZ</u>		14. NAME OF HUSBAND OR WIFE <u>Junie Nichols Columbia Mo.</u>	
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 <u>Junie Nichols Columbia Mo.</u>		ADDRESS	
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			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Pulmonary Congestion</u>			
DUE TO (c) <u>Arterio Sclerosis</u>			
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 <u>4500</u>	
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)		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>2/15</u> , 19 <u>55</u> , to <u>4/17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/17</u> , 19 <u>55</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James E. Stebbins</u>		23b. ADDRESS <u>Boone, Mo.</u>	
23c. DATE SIGNED <u>4/18/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemt. Ashland, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 20 1955</u>		REGISTRAR'S SIGNATURE <u>27-0 Mrs. Mildred Burnett</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Burnett</u>		ADDRESS <u>Ashland, Mo.</u>	

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
Student Embalmer

Signed *W^m E. Burnett*.....

Licensed Embalmer No. *3564*.....

P. O. Address *Ashtland, Mo.*.....

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 this body is not embalmed, fact should be so stated above.