

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

19569

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Permisat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Permisat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nayti</u>		c. CITY OR TOWN <u>Bastopolville</u>	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 <u>Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0780</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mirna</u> b. (Middle) <u>Adline</u> c. (Last) <u>Mathenia</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>7-10-1887</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Home Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ben Morris</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy E Warren</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Paul Boyd</u>		ADDRESS <u>St Louis Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio-renal disease 2 yrs.</u> DUE TO (c) <u>Hypo-Thyroidism 2 yrs.</u> 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 <u>442X</u>	
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)	
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>6-3-</u> 19 <u>55</u> , to <u>6-18-</u> 19 <u>55</u> , that I last saw the deceased alive on <u>6-17-</u> 19 <u>55</u> , and that death occurred at <u>8:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. Shiner</u>		23b. ADDRESS (Degree or title) <u>m.o. Shiner, Clinician</u>	
23c. DATE SIGNED <u>6-21-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	
24d. LOCATION (City, town, or county) (State) <u>Cuthbertville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gernon Ford</u>	
DATE REC'D BY LOCAL REG. <u>6-23-55</u>		REGISTRAR'S SIGNATURE <u>John W. Gernon</u> ADDRESS <u>406 Co. Steele Mo</u>	

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

6-194-55

JUL 1 1955

PERMISCOOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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.....  
*John W. Herman*

Licensed Embalmer No. *435*

P. O. Address *Hayti, T*

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.