

FILED JAN 10 1956

# STANDARD CERTIFICATE OF DEATH

State File No. **39565**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 6

<b>1. PLACE OF DEATH</b> a. COUNTY <u>atchison</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>atchison</u>	
b. CITY OR TOWN <u>Fairfax mo</u>		c. CITY OR TOWN <u>Rock-Port mo</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>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>2222</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Fairfax Community hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>Armina</u> c. (Last) <u>Mauguin</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 28. 1955</u>					
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>April 23-1878</u>		<b>9. AGE</b> (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>5</u> Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>house wife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Rock-Port mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>C</u>		

<b>13a. FATHER'S NAME</b> <u>John a Krierim</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louise Lou</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Emmet Mauguin - Rock-Port mo</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>no</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Emmet Mauguin - Rock-Port mo</u>		<b>ADDRESS</b> <u>Rock-Port mo</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Primary Carcinoma of the Gall Bladder</u>						<u>one year</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>155X</u>							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					

22. I hereby certify that I attended the deceased from Aug., 1953, to Dec., 1955, that I last saw the deceased alive on Dec 28, 1955, and that death occurred at 3 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Wallace Carpenter</u> (Degree or title) <u>MD</u>			<b>23b. ADDRESS</b> <u>Rock-Port mo.</u>		<b>23c. DATE SIGNED</b> <u>12-31-55</u>				
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>24b. DATE</b> <u>Dec. 31 / 1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u> Linden Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Rock-Port mo.</u>				
<b>DATE REC'D BY LOCAL REG.</b> <u>Jan 4, 1956</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Tharvin H. Schooler</u>			<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bertman Funeral Home</u>			<b>ADDRESS</b> <u>Rock-Port</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.....  
Signature of Student Embalmer

Signed *C. C. Bertram*.....

Licensed Embalmer No. *1764*

P. O. Address *Rock Port*.....

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.