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FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41276

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3a39 Registrar's No. 89

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline, Mo
c. LENGTH OF STAY (in this place): 4yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): King's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mendon
d. STREET ADDRESS (If rural, give location): R

3. NAME OF DECEASED (Type or Print)
a. (First): Susie
b. (Middle): Eve
c. (Last): C ox

4. DATE OF DEATH (Month) (Day) (Year): 11 14 55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 3/11/1878
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 8, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Chariton, County
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Fuller
13b. MOTHER'S MAIDEN NAME: Laura Phillips
14. NAME OF HUSBAND OR WIFE: Ranson (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Rube Cox Mendon, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Diabetes Mellitus 4200

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Massive Bilat. Retinal hemorrhages Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1954, *to* Nov, 1955, *that I last saw the deceased alive on* Nov 17, 1955, *and that death occurred at* 7:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Gary MD
23b. ADDRESS: Marceline Mo.
23c. DATE SIGNED: 11-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify): R
24b. DATE: 11/16/55
24c. NAME OF CEMETERY OR CREMATORY: Siloam
24d. LOCATION (City, town, or county) (State): Mendon, Mo

DATE REC'D BY LOCAL REG.: 11-15-55
REGISTRAR'S SIGNATURE: M J Ardyway 401-
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: James McLaughlin Marceline Mo

(Licensed Embalmer's Statement on Reverse Side)

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 George R. Tramwell

Licensed Embalmer No. 4425

P. O. Address Marcelino

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.