

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **840**

FILED JAN 31 1956

BIRTH NO.		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. LENGTH OF STAY (in this place) 1 WK		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic				e. STREET ADDRESS (If rural, give location) Twsp 34, Range 2			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) ELIZABETH		c. (Last) DAY		4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov 2, 1872	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Iron County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel D. Lucas		13b. MOTHER'S MAIDEN NAME Margaret Dobbins		14. NAME OF HUSBAND OR WIFE Alfred B. Day (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Day, Salem, Missouri			
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) Cardiac Failure 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) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		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 1-7-56 , 19 56 , to 1-28- , 19 56 , that I last saw the deceased alive on 1-25 , 19 56 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Scribe or Title) R. E. Mitchell, M.D.				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 1/27/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 27 1956		24c. NAME OF CEMETERY OR CREMATORY Lower Indian Creek		24d. LOCATION (City, town, or county) (State) Washington Co., Missouri	
DATE REC'D BY LOCAL REG. 1/27/56		REGISTRAR'S SIGNATURE R. E. Mitchell, M.D. by MRS. Blackwell-Warfel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Salem, Mo.			

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

MS AUG 24 1960

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 *Marshall C. Blackwell*

Licensed Embalmer No. *4713*

P. O. Address *Salem, N*

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.