

FILED AUG 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26754

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>74</u>								
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN <u>Pilot Knob</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks</u>				e. STREET ADDRESS (If rural, give location) <u>0410</u>										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARGARET</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>DEMAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1956</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 7, 1897</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>28</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 <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13a. FATHER'S NAME <u>John J. Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Gallik</u>				14. NAME OF HUSBAND OR WIFE <u>John J. Demand</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. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John J. Demand, Pilot Knob, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Bered</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs</u>												
19a. DATE OF OPERATION <u>1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach</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) <u>170X</u>										
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 _____, 19 <u>52</u> , to <u>8-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-5</u> , 19 <u>56</u> , and that death occurred at <u>4:40P</u> m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>Dr. Guy M.D. Ironton Mo.</u>				23b. ADDRESS				23c. DATE SIGNED <u>8-5-56</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/8/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Mem. Park</u>				24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>8-11-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. Jones</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton, Mo.</u>								

Licensed Embalmer's Statement on Reverse Side

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

No. 300
10-48

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.. *Annelz White*

Licensed Embalmer No. 3012.....

P. O. Address Ironton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.