

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37519

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>106</u>		PRIMARY REG. DIST. NO. <u>5271</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Texas typ</u>		c. LENGTH OF STAY (in this place) <u>84 yrs</u>		c. CITY OR TOWN <u>Salem</u>		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 <u>xx</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 5</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alzenia</u> b. (Middle) <u>Alice</u> c. (Last) <u>Mauzy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1956</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 21 1872</u>		9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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>x</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		
13a. FATHER'S NAME <u>John S McNeil</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel S Mauzy</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>x</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lee Shultz Salem 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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>420.0</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Undiagnosed Disease of Abdomen.</u>					INTERVAL BETWEEN ONSET AND DEATH
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)		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>July</u> , 19 <u>56</u> , to <u>Dec 1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>56</u> , and that death occurred at <u>3:10 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ireland W. Kimball M.D.</u>			23b. ADDRESS <u>Salem Mo.</u>			23c. DATE SIGNED <u>Dec 3 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Harmony Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>		
DATE RECEIVED LOCAL REG. <u>12-3-56</u>		REGISTRAR'S SIGNATURE <u>A. E. M. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Salem Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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



Licensed Embalmer No. 2376

P. O. Address

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.