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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1957

STATE FILE NUMBER 4535

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Arcadia — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: The Home for Aged Baptists — Length of stay in Ib: 7yr. 11mo. 5da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Iron
c. CITY OR TOWN: Rural-Arcadia 0450 0 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1½ mi. E. on Hwy. 70 — Reside on Farm: Yes ☐ No ☒

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3. NAME OF DECEASED (Type or print): First: Lizzie Middle: Last: McGhee

4. DATE OF DEATH: Month Day Year: Feb. 6, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Feb. 3, 1871

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / 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: own home

11. BIRTHPLACE (City and state or country): Reynolds County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Andrew Carter

14. MOTHER'S MAIDEN NAME: Polly C. Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Dolores Weiss, Ironton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 10+ years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 22nd, to FEB 6, 1957 and last saw her/him alive on 2-5-57
Death occurred at 6:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C. Menne, MD

22b. ADDRESS: Ironton, Mo.

22c. DATE SIGNED: 2-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 2-8-57

23c. NAME OF CEMETERY OR CREMATORY: MASONIC

23d. LOCATION (City, town, or county) (State): PIEDMONT Mo

24. FUNERAL DIRECTOR ADDRESS: Bish Funeral Home Piedmont Mo

25. DATE RECD. BY LOCAL REG.: 2-10-57

26. REGISTRAR'S SIGNATURE: Mrs. Avis Jones

By M. E. Bowles (Licensed Embalmer's Statement on Reverse Side)

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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 em

by me, or by ..... Me ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Warren E. Bowles

Licensed Embalmer No. 44

P. O. Address Redmon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.