FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25525
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY Nodaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Inside Limits Yes X No ☐	c. CITY OR TOWN Maryville — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in lb 50 yrs	d. STREET ADDRESS (If outside, give location) 218½ W Torrence — Reside on Farm Yes ☐ No X

0742

3. NAME OF DECEASED (Type or print) First Maggie Middle May Last Holaday		4. DATE OF DEATH Month July Day 18 Year 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH Apr.3,1879
9. AGE (In years last birthday) 78	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home-own	11. BIRTHPLACE (City and state or country) Pickering, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Washington Jackson		14. MOTHER'S MAIDEN NAME Sarelda Shelman	
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. unknown	17. INFORMANT Address Roy Holaday, Maryville, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 30 min

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

DUE TO (c) generalized + Bronchectasis + pulmonary fibrosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 410X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ -2

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 12-56, to 7/18/57 and last saw her alive on 7/8/57

Death occurred at 5:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J C Bauman M D	22b. ADDRESS 12 Ro Main Maryville	22c. DATE SIGNED 7/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/20/1957	23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery	23d. LOCATION (City, town, or county) (State) Maryville, Mo.
24. FUNERAL DIRECTOR G M Atkinson	ADDRESS Maryville Mo	25. DATE RECD. BY LOCAL REG. 7-27 57	26. REGISTRAR'S SIGNATURE Bess Hold

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

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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 ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed G M Atkinson

Licensed Embalmer No. 33

P. O. Address Marysville

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.