

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005222
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Grundy Grundy				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Milan - Mo, 1050		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Culler's Hospit			Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Mark H. Mairs				4. DATE OF DEATH Month Day Year 3 - 1 - 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-19-1879		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min. 10 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Humphrey - Mo		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME E. M. Mairs				14. MOTHER'S MAIDEN NAME Flora Cowardin			
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. 487-01-4282		17. INFORMANT Address Bertha Mairs - Milan - Mo		
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 DUE TO (b) Ruptured gurgreen appendix DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 1 week
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5501				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION Milan - Mo			20g. COUNTY STATE				
21. I attended the deceased from Milan Mo, to Milan Mo and last saw her alive on 3/1/58 Death occurred at Milan Mo on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. J. Francis M.D. (Degree or title)				22b. ADDRESS Milan Mo			22c. DATE SIGNED 3/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-4-58	23c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.		23d. LOCATION (City, town, or county) (State) Milan - Mo		
24. FUNERAL DIRECTOR Schoen's Margaret Schoen			ADDRESS Milan - Mo		25. DATE RECD. BY LOCAL REG. 3-4-58		26. REGISTRAR'S SIGNATURE Gene Fair

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally 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 embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Dwight Schoene*

Licensed Embalmer No. *266*

P. O. Address *Wilkes*

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.