

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006779

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa. b. COUNTY Jasper.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		c. CITY OR TOWN Newton, Iowa. ¹¹⁴⁸ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Rural Rt. # 1.		d. STREET ADDRESS (If outside, give location) Unknown. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Morgan Middle Merle Last Awtry..		4. DATE OF DEATH Month Jan Day 28 Year 1958	
5. SEX Male	6. COLOR OR RACE White.	7. <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Aug. 29, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machanist		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and state or country) Laurel, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morgan Awtry		13b. MOTHER'S MAIDEN NAME Fanny M. Rogers	
14. NAME OF HUSBAND OR WIFE Myrtle M Awtry		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. X		17. INFORMANT Myrtle Marie Awtry. Address Way, Mo Rt. # 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure 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) 4341			INTERVAL BETWEEN ONSET AND DEATH 1 year
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 Waynesville, Missouri	
21. I attended the deceased from _____ Death occurred at 7:00 12-4-57 to 1-28-58 and last saw her alive on 1-28-58 Pm on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-29-58	
22a. SIGNATURE G. M. Miller MD.		22b. ADDRESS Waynesville, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/29/58	
23c. NAME OF CEMETERY OR CREMATORY Palo Alto Cemetery		23d. LOCATION (City, town, or country) Newton, Iowa. (State)	
24. F. H. J. HEDGES Hedges Funeral Home Way, Mo.		25. DATE RECD. BY LOCAL REG. 1-29-58	
26. REGISTRAR'S SIGNATURE Eula Mae Anderson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 3 1958

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 *Vance Moore*

Licensed Embalmer No. *4296*
P. O. Address *Waynesville*

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.