

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

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Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 410

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Length of stay in 1b 5 years	c. CITY OR TOWN MARSHALL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESTHAVEN NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 RACHEL DAVIS MIKELS			4. DATE OF DEATH Month Day Year December 19, 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 15, 1860	9. AGE (last birthday) 99	IF UNDER 1 YEAR Months Days 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	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Martin		13b. MOTHER'S MAIDEN NAME Betty Bailey	14. NAME OF HUSBAND OR WIFE I. J. Mikels		

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. None	17. INFORMANT Mrs. R. C. Parkhurst, Sedalia, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>myocarditis, chronic</i></u>		INTERVAL BETWEEN ONSET AND DEATH
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) <u><i>Chronic cephalite</i></u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 COUNTY STATE
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21. I attended the deceased from <u><i>1956</i></u> to <u><i>12-19-59</i></u> and last saw her alive on <u><i>12-19-59</i></u> Death occurred at <u><i>3:30 A</i></u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u><i>Chas Gordon Stauffer MD</i></u>	22b. ADDRESS <u><i>Sedalia Missouri</i></u>	22c. DATE SIGNED <u><i>12-21-59</i></u>
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23a. BURIAL CREMATION, (State) <u><i>Burial</i></u>	23b. DATE <u><i>Dec 22 1959</i></u>	23c. NAME OF CEMETERY OR CREMATORY <u><i>Ridge Park Cemetery</i></u>	23d. LOCATION (City, town, or county) (State) <u><i>Marshall, Missouri</i></u>
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24. FUNERAL DIRECTOR <u><i>Jack W. Reser</i></u>	ADDRESS <u><i>Marshall, Missouri</i></u>	25. DATE RECD. BY LOCAL REG. <u><i>12-22-59</i></u>	26. REGISTRAR'S SIGNATURE <u><i>Frances A. Leiby</i></u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.