JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 22 1960

60-010251
STATE FILE NUMBER

NDED

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK Twsp. Length of stay in Ib LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2½ mile north of BRUN Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2½ MILE NORTH BRUNS. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ADA Middle PEARLE Last MAUZEY
4. DATE OF DEATH Month MARCH Day 18 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-16-1883
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY HOUSE WORK
11. BIRTHPLACE (City and state or country) BRUNSWICK, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE Wm. MAUZEY
13b. MOTHER'S MAIDEN NAME MARY SUSAN GLENN
14. NAME OF HUSBAND OR WIFE None
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 HERLEY MAUZEY Address BRUNSWICK, 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) Dead on arrival — 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) See Reverse Side.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 _____ to _____ and last saw her/him alive on _____
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 Brower C. Rice M.D. (Degree or title)
22b. ADDRESS Brunswick, Mo.
22c. DATE SIGNED 19 mar 60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAR. 20, 1960
23c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE
23d. LOCATION (City, town, or county) BRUNSWICK, MISSOURI (State)

24. FUNERAL DIRECTOR HEISEL F.H., BRUNSWICK, MO. ADDRESS
25. DATE RECD. BY LOCAL REG. Mar 19-1960
26. REGISTRAR'S SIGNATURE Dorie Smith

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

P.S. Deceased dead on my arrival. Death
all appearances and history from family
Caused from Coronary Thrombus. Had it
treatment for past 2 years. Grover C R

OCT 10 1960

APR 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William R. Koch
Signature of Student Embalmer

Licensed Embalmer No. 4751

P. O. Address Brunswick

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