

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0000486

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1

FILED JAN 8 1968

VS 300	DATE AMENDED				
Rev. 4/59					
1 5117					
882 0830		5117	86		
3		0830			
4 0	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF	John T. Rogers	MEDICATION
5 2					
6 427.0					
7 4					
8 4					
9					
10	SHOULD READ	ITEM NO.	BY AFFIDAVIT OF	John T. Rogers	MEDICATION
11 0					
12 86-0					
13 1-0					

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. JOSEPH</u>		Length of stay in lb		c. CITY OR TOWN <u>Dearborn</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Convalescent</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First <u>Grace</u> Middle <u>Mauzey</u> Last		4. DATE OF DEATH Month <u>1</u> Day <u>1</u> Year <u>1968</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/26/79</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Buchanan county, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John W. Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Duncan</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Mauzey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT Address <u>Lola Williams, Dearborn, Mo. 64439</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>ACUTE & CHRONIC CONGESTIVE FAILURE</u>		DUE TO (b) <u>HEART</u>		<u>3 1/2 RS.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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.	
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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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	
21. I attended the deceased from <u>July 12, 1956</u> to <u>Jan. 1, 1968</u> and last saw her ^{her} _{him} alive on <u>Dec. 28, 1967</u>					
Death occurred at <u>3:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John T. Rogers M.D.</u>		22b. ADDRESS <u>602 Jules St. Joseph, Mo.</u>		22c. DATE SIGNED <u>1-4-1968</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 3, 1968</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dearborn Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Dearborn, Missouri</u>		23e. STATE <u>Missouri</u>		23f. COUNTY <u>Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Vaughn & Aufranc, Dearborn, Mo. 64439</u>		25. DATE RECD. BY LOCAL REG. <u>1-5-68</u>		26. REGISTRAR'S SIGNATURE <u>J. J. Valentine</u>	

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

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.