

No. 2
-8-13
5-17-39
X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33251

FILED OCT 13 1948

Registrar's No. 117

Registration District No. 277

Primary Registration District No. 4431

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About eighty years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Dixon
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Misel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 11 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>10</u>	<u>0</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wills Crawford

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Goodrich

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Mike Nisel

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 10/13/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon

18. (a) Signature of funeral director Fred H. Gilbert
Dixon, Missouri

(b) Address

19. (a) 10-15-48 (b) J. Helma C. Buckthapa
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 15th. 19 48 to October 8th. 19 48,
that I last saw her alive on October 8th. 19 48; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal failure

Due to Senility et complications.

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature F. C. Melligan (M. D. or other)

Address Dixon, Mo. Date signed 10/13/48

STATEMENT BY LICENSED EMBALMER

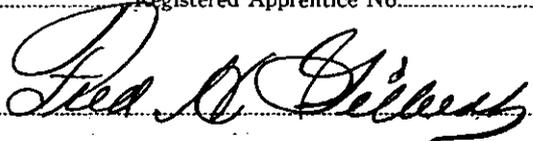
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

10/11-48

working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No..... 2341

P. O. Address..... Dixon, Missouri

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 this body is not embalmed, fact should be so stated above.