

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

42278

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>168</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cornwall</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>Rural Wash Sup.</u>		c. LENGTH OF STAY (In this place) <u>34 days</u>		c. CITY OR TOWN <u>Mountain Grove</u>		114	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #3</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE S.</u> b. (Middle) <u>NEEDHAM</u> c. (Last) <u>NEEDHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1948</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>90</u>	If under 1 year: Months <u>?</u> Days <u>?</u>	If under 1 hr: Hours <u>?</u> Min. <u>?</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Muskason</u>		13b. MOTHER'S MAIDEN NAME <u>Muskason</u>		14. NAME OF HUSBAND OR WIFE <u>Walter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record, records</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>11.2 B</u>		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile deteriorations</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>5-27</u> , 19 <u>47</u> , to <u>12-24</u> , 19 <u>48</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Hall</u> (Type or Print)				23b. ADDRESS <u>Mo</u>		23c. DATE SIGNED <u>12-24-48</u>	
24a. BURIAL - CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12-24-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Grove Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/30/48</u>		REGISTRAR'S SIGNATURE <u>Kathryn Zaucer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>331</u>		ADDRESS <u>Central Home</u>	

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

108  
10-48  
50

(Licensed Embroider's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1521

Date Filed 1-6-49

JUN 17 1951  
REG. 67  
M.M.W.

**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.

Signed Mark E. Eubinger

Signed .....  
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.