

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3670

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Slater Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Slater Mo.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Going</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4-49</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 14, 1873</b>	9. AGE (10 years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>Saline</b>
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13a. FATHER'S NAME <b>Henry Vernold</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Dave Going</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 5 yr.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Huston Tillman</b>	ADDRESS <b>Slater Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>17 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Institutional reports</b>		
	DUE TO (c) <b>Myocarditis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 1, 1948** to **July 4, 1949**; that I last saw the deceased alive on **Feb 7, 1949**, and that death occurred at **9:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. E. Kesteven M.D.</b>	23b. ADDRESS <b>Slater Mo</b>	23c. DATE SIGNED <b>Feb. 4, '49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Slater City</b>	24d. LOCATION (City, town, or county) (State) <b>Slater Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-5-'49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Earl C. Phelps</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Kesteven &amp; Salzer</b>	ADDRESS <b>Slater Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-11-49

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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 \_\_\_\_\_

RICHARD V. DRUMMOND

Student Embalmer No. 103

working under my personal supervision.

Signed Richard V. Drummond  
Student Embalmer

Signed Herman Salzer

Licensed Embalmer No. 1831

P. O. Address Slater 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.