

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Southwest City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Southwest City Missouri	
c. LENGTH OF STAY (In this place) 8 years		d. STREET ADDRESS (If rural, give location) Box 124	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) MIAMA Ellen	b. (Middle) AUSTIN	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 7, 1949
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5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-31-1888	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months 2	11. UNDER 1 HRs. Days 6	12. UNDER 1 HRs. Hours	13. UNDER 1 HRs. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homework	11. BIRTHPLACE (State or foreign country) Washington Cty. Arkansas	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME William H. McVey	13b. MOTHER'S MAIDEN NAME Ada Jane McVey	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. 712	17. INFORMANT'S SIGNATURE OR NAME Byron Mathews	ADDRESS SoWest City, Mo.
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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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Vascular Disease		
	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 June 25, 1949, to June 27, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 11:30 pm, from the causes and on the date stated above.

23a. SIGNATURE R. E. Harnack M.D. (Degree or title)	23b. ADDRESS Southwest City, Mo.	23c. DATE SIGNED 6-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-7-1949	24c. NAME OF CEMETERY OR CREMATORY Southwest City, Missouri	24d. LOCATION (City, town, or county) (State) Southwest City, Mo.
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DATE REC'D BY LOCAL REG. 7-11-49	REGISTRAR'S SIGNATURE Mayme Humphrey	423	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Worley	ADDRESS Grove, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

600

RECEIVED

District Health Officer No. 6,

District File Number 749-825

Date Filed 11-16-49

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

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.