S. No. 300
EV. 10.48

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

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36369

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1223

11
1
7

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St Joseph 2 (township)
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Maryville County Infirmary Nodaway 14
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural County Home 0
d. STREET ADDRESS (If rural, give location) Rural, Maryville 0 1

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph b. (Middle) Moracc c. (Last) Diss

4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 1949

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb. 13 1881
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 8 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Diss
13b. MOTHER'S MAIDEN NAME Amelia Dorn
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Nodaway County Court ADDRESS Maryville Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4, 1949, *to* Nov 9, 1949, *that I last saw the deceased alive on* Nov 9, 1949, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Forrest Thomas (Degree or title) MD 0
23b. ADDRESS St Joseph Mo c/o State Hospital No 2
23c. DATE SIGNED 11/9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 11/12/49
24c. NAME OF CEMETERY OR CREMATORY St. Patrick's
24d. LOCATION (City, town, or county) (State) Maryville, Missouri

DATE REC'D BY LOCAL REG. Nov. 12, 1949
REGISTRAR'S SIGNATURE E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville 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.