

FILED JAN 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41940

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>21</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jettie</u> b. (Middle) <u>mae</u> c. (Last) <u>Muirhead</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 27, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 27 1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gibson County Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Will Dew</u>	13b. MOTHER'S MAIDEN NAME <u>Letha Ann Nail</u>	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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>E. Penny Hayti, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Indigestion</u>		
	ANTECEDENT CAUSES: Morbidity conditions, if any; giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21c. (CITY/TOWN/ OR/ TOWNSHIP) (COUNTY) (STATE)
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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.)	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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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	22. I hereby certify that I attended the deceased from <u>12-26</u> , 19 <u>49</u> , to <u>12-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>49</u> , and that death occurred at <u>5:30 P m.</u> , from the causes and on the date stated above.
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23a. SIGNATURE <u>John H. Oberdorfer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Hayti MO</u>	23c. DATE SIGNED <u>12-28-49</u>
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>12-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Demiseot Tenn</u>
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DATE REC'D BY LOCAL REG. <u>1-10-50</u>	REGISTRAR'S SIGNATURE <u>John H. German</u>	406	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. German</u>	ADDRESS <u>Hayti, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1-50-20

MAR 3 1950

JAN 18 1950  
JAN 18 1950

JAN 11 REC'D

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 F. German*

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.