

JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 56

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vandalia</b>	
c. LENGTH OF STAY (in this place) <b>21 days</b>		d. STREET ADDRESS (If rural, give location) <b>701 Hague</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Anna</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Michael</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 17, 1950</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>Married</b>	8. DATE OF BIRTH <b>Feb 26, 1867</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hour	IF UNDER 11 HRS. Min.
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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 <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>La Porte, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>John Hiram Black</b>	13b. MOTHER'S MAIDEN NAME <b>Euphrasia Wooster</b>	14. NAME OF HUSBAND OR WIFE <b>George W. Michael</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>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harley Michael, Vandalia, Missouri</b>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombo-embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>
	ANTECEDENT CAUSES Morbid 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. <b>Pulmonary Embolism</b>		<b>4531</b> <b>2 deep</b>

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)	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 **12-27**, 19**49**, to **1-17**, 19**50**, that I last saw the deceased alive on **1-17**, 19**50**, and that death occurred at **9:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>K. H. Swan</b>	(Degree or title) <b>10-08</b>	23b. ADDRESS <b>Mexico, Mo</b>	23c. DATE SIGNED <b>1-17-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 19, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friend Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Friend, Nebraska</b>
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DATE REC'D BY LOCAL REG. <b>Jan 17 1950</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Waters</b>	ADDRESS <b>Vandalia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0042  
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0071  
0

RECEIVED  
JAN 23 1950  
District Health Officer No. 10  
District File Number 1-50-145  
Date Filed JAN 23 1950

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 William B. Waters  
Licensed Embalmer No. 4169  
P. O. Address Wardale Missouri

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.