

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **9386**

FILED MAR 26 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u>		c. LENGTH OF STAY (In this place) <u>10 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u> <u>07 20</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Covington Nursing Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>V.</u>		c. (Last) <u>Mickelmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u> <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
13a. FATHER'S NAME <u>Unkn own</u>		13b. MOTHER'S MAIDEN NAME <u>Unkn own</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unkn own</u>		16. SOCIAL SECURITY NO. <u>Unkn own</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mabel Covington Montgomery Mo.</u>			
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) <u>Uremia. Hypertrophy prostate</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic prostatitis</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  <u>1 yr.</u>  <u>610X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-1-50</u> , 19 <u>50</u> , to <u>3-11-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-11-51</u> , 19 <u>51</u> , and that death occurred at <u>1:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Van Cirdale</u>				23b. ADDRESS <u>D. O. R. Montgomery City, Mo.</u>		23c. DATE SIGNED <u>3-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13, '51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-14-51</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u> <u>454</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schlesker Funeral Home</u> <u>Montgomery City, Mo.</u>			

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 20 1951

RECEIVED

**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 \_\_\_\_\_

working under my personal supervision. *Not Embalmed* Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_ Signed *E. Boone Schlinker* Student Embalmer \_\_\_\_\_

Licensed Embalmer No. *44 36*

P. O. Address *E. Boone Schlinker, Montgomery City, 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.