.S. No. 300
EV. 10.48

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9487

State File No.

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305b Registrar's No. 79

0883

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCormick Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huntsville 0880
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Velma b. (Middle) c. (Last) Minor

4. DATE OF DEATH (Month) April (Day) 4, (Year) 1952

5. SEX female 3
6. COLOR OR RACE negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4
8. DATE OF BIRTH April 18, 1901
9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kewanee, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jim Althouse
13b. MOTHER'S MAIDEN NAME Hattie ?
14. NAME OF HUSBAND OR WIFE none

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

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: about 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Syphilis of the Cardiac Vascular System. — ? ?

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 023X
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* 3/13/ 1948 *to* 4/4/ 1952, *that I last saw the deceased alive on* 4/3/ 1952, *and that death occurred at* 7:15 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE George M. Eschman (Degree or title) D.O.
23b. ADDRESS Huntsville, Mo.
23c. DATE SIGNED 4/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4-8-1952
24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery
24d. LOCATION (City, town, or county) (State) Huntsville, Missouri

DATE REC'D BY LOCAL REG. 4-8-52
REGISTRAR'S SIGNATURE Earl William Bell 269
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville

(Licensed Embalmer's Statement on Reverse Side)

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

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.