S. No. 300
. 10.48

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

STANDARD CERTIFICATE OF DEATH

State File No. 17315

FILED JUN 2 1952

BIRTH NO. ____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 36

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Danville Twn
d. STREET ADDRESS (If rural, give location) none

0700

3. NAME OF DECEASED (Type or Print)
a. (First) Margret
b. (Middle) Pearl
c. (Last) Missey

4. DATE OF DEATH (Month) (Day) (Year) 5-28-52

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M.
8. DATE OF BIRTH 3-9-1927
9. AGE (In years last birthday) 25 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

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

13a. FATHER'S NAME Francis Missey
13b. MOTHER'S MAIDEN NAME Nancy Osia
14. NAME OF HUSBAND OR WIFE single

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. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Missey New Florence 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital heart disease — All of life.

(possible Intraaricular septal defect)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Under development of endocrine system.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7544
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* June 9, 1951, *to* May 28, 1952, *that I last saw the deceased alive on* Feb. 25, 1952, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE O. H. Thompson (Degree or title) D.O.
23b. ADDRESS New Florence Mo
23c. DATE SIGNED 5-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-31-52
24c. NAME OF CEMETERY OR CREMATORY New Florence
24d. LOCATION (City, town, or county) (State) New Florence Mo

DATE REC'D BY LOCAL REG. 5-31-52
REGISTRAR'S SIGNATURE J. O. Kehn M.D. 203
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Montgomery City 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~~ on the 2
day of May 1952

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. I487

P. O. Address 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.