

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7133

State File No.

No. 300
10-48

LED MAR 4 - 1953

BIRTH NO. - REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0830</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mary</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Searcy</u>	(Month) <u>2</u>	(Day) <u>23</u>	(Year) <u>53</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 16, 1928</u>	9. AGE (In years: last birthday) <u>24</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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 <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Platte Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U</u>					

13a. FATHER'S NAME <u>Louis Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Flossie Green</u>		14. NAME OF HUSBAND OR WIFE <u>Lester Searcy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester Searcy</u>	
				ADDRESS <u>Weston, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral regurgitation</u>			DUE TO (b) <u>Rheumatic fever</u>			<u>10 yrs.</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) <u>XXXX</u>			<u>4/10x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ascites, Cirrhosis of liver</u>								

19a. DATE OF OPERATION <u>XXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXX</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston Platte Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXX</u>	

22. I hereby certify that I attended the deceased from June 15, 1953 to Feb 23, 1953, that I last saw the deceased alive on Feb. 22, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis C. Calverton</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Weston Missouri</u>		23c. DATE SIGNED <u>2/26/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND CEM</u>		24d. LOCATION (City, town, or county) (State) <u>WESTON MI.</u>	
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DATE REC'D. BY LOCAL REG. <u>2-26-53</u>		REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHAN FUNERAL HOME</u>		ADDRESS <u>WESTON, MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

830
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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

W. R. Vaughn

Licensed Embalmer No. *4023*

P. O. Address *Weston, 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.