F.S. No. 300
Rev. 10.48

1080
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41911

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington
c. LENGTH OF STAY (In this place) 7-3-7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Everton 0290 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Virgie b. (Middle) L. c. (Last) Wyeuff
4. DATE OF DEATH (Month) (Day) (Year) 11-23-53
5. SEX F 1
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid 2
8. DATE OF BIRTH 1-30-83
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 9 Days 23 IF UNDER 24 HRS. 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 None
11. BIRTHPLACE (State or foreign country) Dade Co Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Steely
13b. MOTHER'S MAIDEN NAME Milly Ann Scott
14. NAME OF HUSBAND OR WIFE Wid
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.
17. INFORMANT'S SIGNATURE OR NAME Hospital record ADDRESS

MEDICAL CERTIFICATION

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Senile deterioration

DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., over 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* 7-28, 1953, *to* 11-23, 1953, *that I last saw the deceased alive on* 11-23, 1953 *and that death occurred at* 11-10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE R E Nell (Degree or title) MD
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-25-53
24c. NAME OF CEMETERY OR CREMATORY Liberty
24d. LOCATION (City, town, or county) Dade Co. (State) Mo

DATE REC'D BY LOCAL REG. 11-28-1953
REGISTRAR'S SIGNATURE Anna E Ferry 451 0
25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison ADDRESS Greenfield 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield 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.