

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH15322  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 81		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Mos</u>		c. CITY OR TOWN <u>Ash Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fanning Rest Home #411 South Ash St.</u>				e. STREET ADDRESS (If rural, give location) <u>0341</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Mynatt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 - 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		9. AGE (In years last birthday) Months Days <u>84 8 24</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>M. V. Mynatt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hubert Mynatt Nevada, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute infectious Paratyphoid</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease</u> <u>unknown</u> DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent Pneumonia</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?		
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>Feb 29, 1956</u> , to <u>April 12, 1956</u> , that I last saw the deceased alive on <u>April 12, 1956</u> and that death occurred at <u>5:00 PM</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James J. Pascoe MD</u>					23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>April 16</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 15 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-18-56</u>		REGISTRAR'S SIGNATURE <u>Ormal E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Buch Ash Grove Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3

P. O. Address Wash. D. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.