

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17343

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5978</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give townships) <u>Rural Johnson Twp.</u>		c. LENGTH OF STAY (In this place) <u>7 wks</u>		c. CITY OR TOWN <u>Humansville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R # 1 Humansville</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Annie</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Maryman</u>	
				4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-56</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-22-80</u>	9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen Chaney</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Janes Rains</u>		14. NAME OF HUSBAND OR WIFE <u>Elijah O. Maryman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alva Lyle R1 Humansville, 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>Chronic myocarditis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		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 <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)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>January, 1955</u> , to <u>5/22, 1956</u> , that I last saw the deceased alive on <u>5/20, 1956</u> , and that death occurred at <u>3 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Robinson</u> (Degree or title) <u>m. D. O.</u>				23b. ADDRESS <u>Humansville, Mo.</u>		23c. DATE SIGNED <u>5/25/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 28, 1956</u>		REGISTRAR'S SIGNATURE <u>Ralph L. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home Humansville, Mo.</u>			

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.....
Signature of Student Embalmer

Signed... *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Humantail*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.