

6.300
0.48

FILED JUL 2 1958 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 20042

BIRTH NO. REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY DENT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DENT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - WATKINS TWP.		c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN WATKINS TWP.
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE - R.R. #1, Salem, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.R. #1, SALEM	0330

3. NAME OF DECEASED (Type or Print) ALBERT	a. (First)	b. (Middle) M.M.I.	c. (Last) CLICK	4. DATE OF DEATH JUNE 10 1956	(Month) (Day) (Year)
--	------------	--------------------	-----------------	-------------------------------	----------------------

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCTOBER 17, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
-------------	------------------------	--	-----------------------------------	------------------------------------	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER	10b. KIND OF BUSINESS OR INDUSTRY EDUCATION	11. BIRTHPLACE (City and State or Foreign Country) DENT COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	-------------------------------------

13a. FATHER'S NAME FRANKLIN CLICK	13b. MOTHER'S MAIDEN NAME ELIZABETH MARTIN	14. NAME OF HUSBAND OR WIFE NONE
-----------------------------------	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME RUTH CLICK	ADDRESS ROUTE 1 SALEM, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest</u>	DUE TO (b) <u>Coronary occlusion</u>		2 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Coronary thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Coronary vascular renal disease</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)
--	--	---

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 April, 1956 to June, 1956, that I last saw the deceased alive on June 9, 1956 and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. J. Myers D.O.	(Degree or title)	23b. ADDRESS Licking Mo.	23c. DATE SIGNED 6-12-56
---------------------------------	-------------------	--------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 13, 1956	24c. NAME OF CEMETERY OR CREMATORY MT. HERMON CEMETERY	24d. LOCATION (City, town, or county) (State) DENT COUNTY MISSOURI
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. 6-13-56	REGISTRAR'S SIGNATURE R. E. Mitchell, M.D. by M. B. BLACKWELL - WARFEL	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SALEM, MO.
----------------------------------	--	---

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

15
0

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..... *Max L. Wayfel*

Licensed Embalmer No... *417*

P. O. Address *Dalem, N.*

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.