No. 300
10.48

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4030

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Keytesville
c. LENGTH OF STAY (in this place) 3-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 200-South Ash St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Keytesville, Mo. 0310 0
d. STREET ADDRESS (If rural, give location) 200-South Ash St.

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) L. c. (Last) Moritz

4. DATE OF DEATH (Month) (Day) (Year) Feb. 25th, 1957

5. SEX Female
6. COLOR OR RACE White 1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Oct. 18th, 1879
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — 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 House work
11. BIRTHPLACE (State or foreign country) Keytesville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Mills
13b. MOTHER'S MAIDEN NAME Martha Kinsley
14. NAME OF HUSBAND OR WIFE John Moritz

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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Mitchell, ADDRESS Keytesville

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Chronic Asthenitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☒

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) 2
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* Jan 1, 1957, *to* Feb 25, 1957, *that I last saw the deceased alive on* 2-25, 1957, *and that death occurred at* 7:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) G W Hawkins M.D.
23b. ADDRESS Salisbury Mo
23c. DATE SIGNED 2-27/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 28th, 1957
24c. NAME OF CEMETERY OR CREMATORY Bethany
24d. LOCATION (City, town, or county) (State) Chariton County, Mo.

DATE REC'D BY LOCAL REG. 2/27/57
REGISTRAR'S SIGNATURE G W Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE H. D. Garnett ADDRESS Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

55.
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 .....
Student Embalmer

Signed H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytesville, 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.