

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43385

STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 171

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Tarkio</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Comm Hospt</u>		Length of stay in 1b <u>20 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>2032</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MIRNA Morrison McPHERSON</u>			4. DATE OF DEATH Month Day Year <u>December 15, 1957</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 9, 1894</u>	9. AGE (In years last birthday) <u>63</u>	10. FUNDER 1 YEAR Months <u>8</u> Days <u>6</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>own home</u>	11. BIRTHPLACE (City and state or country) <u>Papillion, Nebraska,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Daniel L. Morrison</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth McLean</u>	14. NAME OF HUSBAND OR WIFE <u>D.B. McPherson</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. C.L. Barnard</u>	Address <u>Tarkio, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion - myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic cardiac vasculature</u>	
	DUE TO (c) <u>disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Tarkio, Mo.</u>	COUNTY <u>Atchison</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>12/30/52</u> to <u>12/15/57</u> and last saw <u>her</u> alive on <u>12/15/57</u> Death occurred at <u>6:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>W. Niedermeyer, M.D.</u>	(Degree or title) <u>0</u>	22b. ADDRESS <u>Tarkio, Mo.</u>	22c. DATE SIGNED <u>12/17/57</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12/17/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tarkio, Missouri.</u>
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24. FUNERAL DIRECTOR <u>Davis Funeral Home</u>	ADDRESS <u>Tarkio, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 24, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Marvin H. Schaefer</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Student .....  
Signature of Student Embalmer

Signed Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.