FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45058
STATE FILE NUMBER

Registration District No. 806 Primary Registration District No. 2042 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 So. Maple — Length of stay in 1b 88 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Madison
c. CITY OR TOWN Fredericktown — Inside Limits Yes X No ☐
d. STREET ADDRESS 711 So. Maple (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Mary Middle E. Last Michel

4. DATE OF DEATH Month Dec. Day 16 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH Aug. 19, 1869

9. AGE (In years last birthday) 88 — 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 None

11. BIRTHPLACE (City and state or country) Madison County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard Brooks

14. MOTHER'S MAIDEN NAME Sally Hobbs

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 Address Mrs. Albert Lacey, Fredericktown, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteria Sclerosis — years
DUE TO (c) Senemia — months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 446 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Years to Dec 16 1957 and last saw her alive on Dec 16 1957
Death occurred at 8:45 P M on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. C. Slaughter (Degree or title) M. D.

22b. ADDRESS 135 W. Main Fredericktown

22c. DATE SIGNED Dec 23 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12/18/57

23c. NAME OF CEMETERY OR CREMATORY Old Masonic

23d. LOCATION (City, town, or county) (State) Fredericktown, Mo.

24. FUNERAL DIRECTOR ADDRESS Najim Funeral Home, Fredericktown, Mo.

25. DATE RECD. BY LOCAL REG. 12-23 1957

26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

t. Health, & Welfare S. Public lth Service

.S. 300 v. 1-56

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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
DEC 30 1957
RECEIVED
FILE No. 1257-69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed Charles McCarty

Licensed Embalmer No. 485

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.