

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42836

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10946**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herculaneum	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Albert			Dec. 18, 1949	
b. (Middle) Louis				
c. (Last) Partney				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 20, 1880	9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Lead Smelterer	11. BIRTHPLACE (State or foreign country) Richwood, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Louis Partney	13b. MOTHER'S MAIDEN NAME Lavina Sanconcies	14. NAME OF HUSBAND OR WIFE Emma Partney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Clarence Partney	ADDRESS Herculaneum, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES DUE TO (b) Intestinal Obstruction		4 days
	DUE TO (c) Arteriosclerosis		years
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 Intestinal obstruction due to numerous masses of adhesive bands. Cholecystitis chronic	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Herculaneum, Mo. 97
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 585X

22. I hereby certify that I attended the deceased from **Dec. 7, 1949**, to **Dec. 18, 1949**, that I last saw the deceased alive on **Dec. 17, 1949**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23. SIGNATURE Clarence Partney (Degree or title)	23b. ADDRESS 3606 Gravois	23c. DATE SIGNED 12/20/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-18-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Festus, Mo.
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DATE REC'D BY LOCAL REG. DEC 20 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1954

OCT 31 1954

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 Elmo R. Jackson

Licensed Embalmer No. 4077

P. O. Address _____

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.