

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43448

State File No.

FILED JAN 7 1950 BIRTH NO. ... REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Dudley New Lisbon		c. LENGTH OF STAY (In this place) 8 yr.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley New Lisbon		103	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2		d. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print) Perry Tom Sensabaugh			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 6, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Brownville, Ky.	12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME John Sensabaugh	13b. MOTHER'S MAIDEN NAME Francis Johnson	14. NAME OF HUSBAND OR WIFE Alene Sensabaugh
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alene Sensabaugh Dudley, Mo. R.2
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Colder 1/20/1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative myocarditis DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Nov 10 - 1949, to Dec 14, 1949, that I last saw the deceased alive on Dec 14, 1949, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE S. S. Davis M.D.	(Degree or title)	23b. ADDRESS Webster Mo	23c. DATE SIGNED 12-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-17-49	24c. NAME OF CEMETERY OR CREMATORY Rock Hill Cemetery	24d. LOCATION (City, town, or county) (State) Dudley, Mo. North
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DATE REC'D BY LOCAL REG. 12-20-49	REGISTRAR'S SIGNATURE Floyd Morgan 358	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 3 19

District Health Office No.

District File Number 150-5

Date Filed

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.

Signed Walter Marsh Watkins

Signed
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.