

13535

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1950

State File No.

S. No. 300
v. 10.48

050

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

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5691 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - CENTRAL TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRAL TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>4Y</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR HILLSBORO Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME NEAR HILLSBORO, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>McHULIFFE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 10, 1904</u>
9. AGE (in years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>	11. IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>SHOE TRIM Co</u>		10b. KIND OF BUSINESS OR INDUSTRY. <u>SHOE Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>ARTHUR McHULIFFE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E McEVENY</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY McHULIFFE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-10-8286</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MARY McHULIFFE - HILLSBORO Mo.</u>		ADDRESS	
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) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>4-3</u> , 19 <u>50</u> , to <u>4-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-3</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. E. Jallet M.D.</u>		23b. ADDRESS <u>De Soto Mrs.</u>	
23c. DATE SIGNED <u>4-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 12-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>Edmond Anderson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>HEINIGTAG FUNERAL HOME</u>		ADDRESS <u>KIMMSWICK Mo.</u>	

APR 28 1950

DATE RECEIVED 4-21-50
JEFFERSON COUNTY HEALTH DEPT. SEP 20 1950
HILLSBORO, MISSOURI

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 Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Sumner 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.