

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3642**

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **4547** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) Grant City		c. CITY (If outside corporate limits, write RURAL and give township) Grant City Mo 1130	
c. LENGTH OF STAY (In this place) All of Life		d. STREET ADDRESS (If rural, give location) No Street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Senior			4. DATE OF DEATH (Month) (Day) (Year) January 21 - 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April - 1 - 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 9	IF UNDER 4 HRS. Days 20	IF UNDER 1 HRS. Hours 42	IF UNDER 15 MIN. Min. 42
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Stuyvenikel Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Edward Senior		13b. MOTHER'S MAIDEN NAME Henrietta McColl		14. NAME OF HUSBAND OR WIFE Minnie Senior	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Minnie Senior ADDRESS Grant City 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial insufficiency of heart				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				410X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age -					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Dec 2, 1947**, to **1-21, 1951**, that I last saw the deceased alive on **1-20, 1951**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Grant City Mo		23c. DATE SIGNED 1-22-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 23-51		24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		24d. LOCATION (City, town, or county) (State) Grant City Mo	
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DATE REC'D BY LOCAL REG. January 25-51		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Grant City Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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



APR 2 1951

MAY 2 1951

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *John Andrews*
Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.