

FILED JAN 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42566

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 2990 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" JACKSON TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" JACKSON TOWNSHIP 0860	
c. LENGTH OF STAY (in this place) OR LIFE TIME		d. STREET ADDRESS (If rural, give location) R. F. D. UNIONVILLE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) ALBERT c. (Last) VALENTINE			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 20, 1951		
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED - 2	
8. DATE OF BIRTH JANUARY 25, 1868		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months 10 Days 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) "RETIRED" FARM OWNER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MISSOURI 0	
				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME JOSEPH C. VALENTINE		13b. MOTHER'S MAIDEN NAME ELLEN HARBERT		14. NAME OF HUSBAND OR WIFE JESSIE G. VALENTINE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS GLADYS VALENTINE R. F. D. UNIONVILLE	
				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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Refused food for water for 3 weeks</u>			
		DUE TO (c) <u>preceding death</u>			
		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 304X	

22. I hereby certify that I attended the deceased from June 8, 1946 to Dec 20, 1951, that I last saw the deceased alive on Apr 20, 1951, and that death occurred at 4:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas L. Judd</u> (Degree of title)		23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>12/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 0		24b. DATE I2/ 22/ 51		24c. NAME OF CEMETERY OR CREMATORY WEST LIBERTY CEMETERY	
				24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY, MISSOURI	

DATE REC'D BY LOCAL REG. 12-31-51		REGISTRAR'S SIGNATURE <u>Marvell D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME BY <u>John N. Comstock</u> UNIONVILLE, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

7866

Date Received: **JAN 3 1952**  
DISTRICT HEALTH OFFICE #2  
District File Number 1-52-20  
Date Filed: **JAN 5 1952**

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John N. Comstock*  
Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.