

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

ED MAR 13 1952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> d. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cadet RT1 Union Tws</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cadet RT 1 Union Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1100</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Clotilse</u>	c. (Last) <u>Missey</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3 5 1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8-3-1871</u>	9. AGE (In years less birthday) <u>80</u>	# MONTHS <u>7</u>	YRS <u>2</u>	# WEEKS <u></u>	HRS <u></u>	MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Richwoods, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Politte</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bourisaw</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Missey Deceased</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Missey</u> ADDRESS <u>Cadet RT1 Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Influenza</u> DUE TO (c) <u>Valvular heart lesion</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 <u>480X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 building, 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 3-1, 1952, to 3-5, 1952, that I last saw the deceased alive on 3/1, 1952, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23. SIGNATURE <u>Joseph L. Thurman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>3-6-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines. Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/8/52</u>	REGISTRAR'S SIGNATURE <u>Herbert Sidall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SMITH &amp; HIGGINBOTHAM</u> ADDRESS <u>F.H. POTOSI, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

MAR 11 1952

WASH. COUNTY HEALTH DEPT.

File No. 352-300

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

Mary M. Smith

Signed .....

Student Embalmer

Licensed Embalmer No. 4394

P. O. Address. Potosi, 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.