

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12440**

FILED APR 21 1952

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 38			
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pettis					
b. CITY OR TOWN Boonville		c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN Sedalia		0834			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				d. STREET ADDRESS (If rural, give location) 525 N. Osage					
3. NAME OF DECEASED (Type or Print) a. (First) Thomasena		b. (Middle)		c. (Last) Dansey		4. DATE OF DEATH (Month) (Day) (Year) April 14 - 14 - 1952			
5. SEX F		6. COLOR OR RACE negr		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH ?			
9. AGE (In years last birthday) aprox 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jacksonville Fla			
11a. FATHER'S NAME Thomas Anderson		11b. MOTHER'S MAIDEN NAME Angelene Adams		11c. NAME OF HUSBAND OR WIFE Dr. W. C. Dansey		12. CITIZEN OF WHAT COUNTRY? U.S.A			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ella Dansey		17. ADDRESS Sedalia Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		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? _____					
22. I hereby certify that I attended the deceased from 4/11 , 1952, to 4/14 , 1952, that I last saw the deceased alive on 4/13 , 1952, and that death occurred at 6 P m., from the causes and on the date stated above.									
23a. SIGNATURE W. P. Paine (Degree or title) MD				23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 4/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-17-52		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex		24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo			
DATE REC'D BY LOCAL REG. 4-15-52		REGISTRAR'S SIGNATURE D. Hooper 381-0		25. FUNERAL DIRECTOR'S SIGNATURE H. D. Ferguson		ADDRESS Sedalia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

272
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MAY 14 1954

FEB 23 1956

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 F. D. Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia 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.