

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17660

MAY 19 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) BONNE TERRE 0941			
d. FULL NAME OF HOSPITAL OR INSTITUTION 50 W. SCHOOL				d. STREET ADDRESS (If rural, give location) 50 W. SCHOOL ST			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) GUILTEAU c. (Last) SEMANDS			4. DATE OF DEATH (Month) (Day) (Year) MAY 8 1952				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 20, 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 2 Days 18	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) DES ARC Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANCIS MARION SEMANDS			13b. MOTHER'S MAIDEN NAME AMANDA MARY BOWLES		14. NAME OF HUSBAND OR WIFE ADELE SEMANDS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 490-03-7041		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ADELE SEMANDS BONNE TERRE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 11 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis				2-3 yrs	
		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 332X				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 June 7, 1952 to May 7, 1952 , that I last saw the deceased alive on May 7, 1952 , and that death occurred at 4:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Marvin J. Haw, J. MD (Degree or title)				23b. ADDRESS Bonne Terre Mo		23c. DATE SIGNED 5/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MAY 10, 1952		24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE		24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.	
DATE REC'D BY LOCAL REG. May 10, 1952		REGISTRAR'S SIGNATURE Ether Kidwell		25. FUNERAL DIRECTOR'S SIGNATURE Bernhard Huber		ADDRESS Spring Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Lawrence J. Claywell

Signed.....

Student Embalmer

Licensed Embalmer No.

3706

P. O. Address

London, Tenn. 3706

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.