

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19320

State File No. _____

FILED JUN 30 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4025</u>		Registrar's No. <u>77</u>			
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty twp.)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle)		c. (Last) <u>Senters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-9-1898</u>			
9. AGE (in years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ragsdale</u>			
13c. NAME OF HUSBAND OR WIFE <u>Willie Senters</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Senters</u>		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>Willie Senters-Exeter, Missouri</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Senters-Exeter, Missouri</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Senters-Exeter, Missouri</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Senters-Exeter, Missouri</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pulmonary congestion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u>				<u>2 years.</u>	
				DUE TO (c) <u>Mitral & Aortic insufficiency</u>				<u>20 years</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic fever 20 yrs. ago.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6/14</u> , 19 <u>52</u> , to <u>6/15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/15</u> , 19 <u>52</u> , and that death occurred at <u>11:00</u> A. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Fred R. Clark M.D.</u>				23b. ADDRESS <u>Wheaton, Missouri</u>		23c. DATE SIGNED <u>6/16/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakley Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County, Arkansas</u>			
DATE REC'D BY LOCAL REG. <u>6-28-1952</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Culver - Cassville</u>		ADDRESS			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville

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.