

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24234

State File No.

No. 300

10.48

FILED AUG 12 1952

REG. DIST. NO. 132

PRIMARY REG. DIST. NO. 3021

Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edinburg 1401	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEILS NURSING HOME			
3. NAME OF DECEASED (Type or Print) a. (First) Christina		b. (Middle) Genxy	
c. (Last) Genxy		4. DATE OF DEATH (Month) (Day) (Year) July 16 1952	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Feb 16 1864
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours -	Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Grundy Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Genxy		13b. MOTHER'S MAIDEN NAME Mary Wood	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME X Geo Genxy		ADDRESS 170 #6 Trenton	
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism and thrombosis INTERVAL BETWEEN ONSET AND DEATH 14 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Arteriosclerosis 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 4221		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) m.	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 1-1-1952 to 7-13-1952, that I last saw the deceased alive on 7-13-1952, and that death occurred at 3:55 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. C. Johnson MD		23b. ADDRESS Trenton Mo	23c. DATE SIGNED 7-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 18 1952	24c. NAME OF CEMETERY OR CREMATORY Edinburg Fort	24d. LOCATION (City, town, or county) (State) Grundy County Mo
DATE REC'D BY LOCAL REG. 7-18-52	REGISTRAR'S SIGNATURE Irene J. Davis	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAVIS - BLACKMORE Trenton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 15 1953

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. 454

working under my personal supervision.

Student Harold L. Roberts
Student Embalmer

Signed

Harold Blackmer

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.