No. 300
10.48

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44431

State File No. .....

BIRTH NO. ____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 40

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

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (in this place) 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nash Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California b. COUNTY ?
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Diego 8040
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Street c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 12-27-52

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) M **8. DATE OF BIRTH** 6-13-1883 **9. AGE** (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Auto Dealer **10b. KIND OF BUSINESS OR INDUSTRY** Car **11. BIRTHPLACE** (State or foreign country) Howell Co., Mo **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME W L Street **13b. MOTHER'S MAIDEN NAME** Arvilla Freeze **14. NAME OF HUSBAND OR WIFE** Mabel Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** ✓ **17. INFORMANT'S SIGNATURE OR NAME** Mabel Street, San Diego **ADDRESS** Cal

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, Essential — ?
DUE TO (c) 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility & Malnutrition

19a. DATE OF OPERATION ____ **19b. MAJOR FINDINGS OF OPERATION** ____ **20. AUTOPSY?** YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?** ____

22. *I hereby certify that I attended the deceased from* Dec 10, 1952 *to* Dec 27, 1952 *that I last saw the deceased alive on* Dec 23, 1952 *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jack N. Wiles MD **23b. ADDRESS** West Plains Mo **23c. DATE SIGNED** 1-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) R **24b. DATE** 12/27-52 **24c. NAME OF CEMETERY OR CREMATORY** Greenwood **24d. LOCATION** (City, town, or county) San Diego, Cal (State)

DATE REC'D BY LOCAL REG. 1-27-53 **REGISTRAR'S SIGNATURE** Beatrice Cook 379 **25. FUNERAL DIRECTOR'S SIGNATURE** Robertson West Plains **ADDRESS** Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1958

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 D D Roberts

Licensed Embalmer No. 3437

P. O. Address [illegible]

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.