

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 39

1472

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|--|---|--|-------------|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> | |
| b. CITY OR TOWN <u>Clinton</u> | c. LENGTH OF STAY (In this place) <u>05 yrs</u> | c. CITY OR TOWN <u>Clinton Mo.</u> | <u>8422</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 E Jefferson</u> | | d. STREET ADDRESS (If rural, give location) <u>310 E Jefferson Dr.</u> | |

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|--|-------------------------------|---|--------------------------------------|--|--|---|---|-------------------------|---------------------------|--------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>MARY</u> | | | a. (First) | | | b. (Middle) | | | c. (Last) | | | d. DATE OF DEATH (Month) (Day) (Year) <u>JAN 25 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 21 1864</u> | | | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. | | | | |
| 10a. 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>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kara New York</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | | | |

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|---|--|---|---|--|--|---------|
| 13a. FATHER'S NAME <u>Michael Devine</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maria Conway</u> | | 14. NAME OF HUSBAND OR WIFE <u>A B Malweis</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Violet Marotto</u> | | | ADDRESS |

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|--|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | | | <u>2 weeks</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Deverged arteriosclerosis</u> | | | | <u>2 year</u> |
| | | DUE TO (c) <u>Chronic Myocardial degeneration</u> | | | | <u>1 year</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |

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|---|--|---|-------------|--|--|
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION: <u>None</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | <u>4221</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | 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 1945 to Jan 25, 1953, that I last saw the deceased alive on Jan 25, 1953, and that death occurred at 7 1/2 A. m., from the causes and on the date stated above.

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|--|-------------------------------|---|---|---------------------------------|--|
| 23a. SIGNATURE <u>S. B. J. [Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Clinton Mo.</u> | | 23c. DATE SIGNED <u>1/25/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 27, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u> | | |

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|---|---|------|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Jan-26-53</u> | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | 4221 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Nickman & Dunning</u> | ADDRESS <u>Clinton Mo</u> |
|---|---|------|---|---------------------------|

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert L. Dennis

Licensed Embalmer No. 4210

P. O. Address Clinton ma

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.