

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17007

State File No. ....

FILED JUN 10 1953

BIRTH NO. ....		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>5100</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates.</u> <u>0070</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates.</u> <u>0070</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Boone Twp. Rural.</u>		c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, West Boone Twp.</u> <u>0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Not in hospital. At home</u>				d. STREET ADDRESS (If rural, give location) <u>5 Mi. S/E Drexel, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOSEPH</u>		b. (Middle) <u>WESLEY</u>		c. (Last) <u>PERSONETT.</u>	
4. DATE OF DEATH		(Month) <u>June,</u>		(Day) <u>2,</u>		(Year) <u>53.</u>	
5. SEX <u>Male.</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced.</u> <u>3</u>		8. DATE OF BIRTH <u>Aug. 30, 1883.</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroading Work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired.</u>		11. BIRTHPLACE (State or foreign country) <u>Belleville, Kansas.</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isreal S. Personett</u>		13b. MOTHER'S MAIDEN NAME <u>Serena E. Vrooman.</u>		14. NAME OF HUSBAND OR WIFE <u>Grace L. Personett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Personett, Merwin, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>CIRC. COLLAPSE</u>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC CARDIAC DECOMPENSATION</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/343</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) (Min.)		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>JAN 15,</u> 19 <u>50</u> , to <u>June, 2,</u> 19 <u>53</u> , that I last saw the deceased alive on <u>JUNE 1,</u> 19 <u>53</u> , and that death occurred at <u>6:05 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.W. Marsh</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Drexel, Missouri.</u>		23c. DATE SIGNED <u>6/3/53.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/4/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/4/53.</u>		REGISTRAR'S SIGNATURE <u>J. E. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Drexel, Mo.</u>	

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

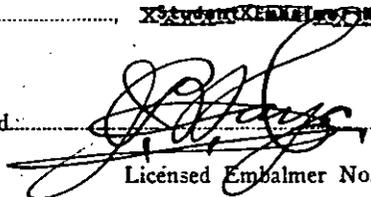
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~D. J. HENNING~~

~~Student Embalmer~~

working ~~under my personal supervision~~

Student .....  
Student Embalmer

Signed: 

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.