

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19126**

State File No. ....

**FILED JUN 15, 1953**

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 208

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>ST FRANCOIS</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>WASHINGTON</b>	b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON St. Francois</b>	c. LENGTH OF STAY (In this place) <b>1Y; M; 12das.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHWOODS</b>	<b>1100</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STATE HOSPITAL #1</b>	d. STREET ADDRESS (If rural, give location)		

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>LOUIS</b>	b. (Middle) <b>MABLE</b>	c. (Last) <b>PARTNEY</b>	(Month) <b>June</b>	(Day) <b>8</b>	(Year) <b>1953</b>
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>3-15-1902</b>	<b>9. AGE (In years last birthday)</b> <b>51</b>	<b>IF UNDER 1 YEAR</b> Months <b>2</b> Days <b>23</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Operator</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>TIFF MILL</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Richwoods, Mo</b>	
<b>13a. FATHER'S NAME</b> <b>William Partney</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Nicholson</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Pearl Watson</b>

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>1411-10-0691</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ben Partney</b>		<b>ADDRESS</b> <b>Richwoods, Mo</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary hemorrhage</b> - - - - - <b>Abt. 5 hrs.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Pulmonary tuberculosis, bilateral, far advanced</b> - - - - - <b>At least 18 mos</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis with mental deficiency.</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>002X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Oct. 7, 1952, to June 8, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <i>John C. Brennan M.D.</i>		<b>23b. ADDRESS</b> <b>State Hospital No. 4, Farmington, Mo.</b>		<b>23c. DATE SIGNED</b> <b>6-9-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>6-11-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Horine Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Richwoods, Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>June 9, 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Ether Rudloff</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Smith Funeral Home</i>		<b>ADDRESS</b> <b>Potosi, Mo</b>

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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Batesi, 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.