

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36605

State File No. 51

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 4343 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Near New Florence		c. CITY (If outside corporate limits, write RURAL and give township) Montgomery City Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION In Automobile		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Patrick c. (Last) Missey			4. DATE OF DEATH (Month) (Day) (Year) 10-16-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Yes	8. DATE OF BIRTH 7-3-1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 60 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington Co Mo	
13a. FATHER'S NAME Joseph P. Missey			13b. MOTHER'S MAIDEN NAME MaryC unknown		14. NAME OF HUSBAND OR WIFE Ill Nancy Missey Summerfield

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. 495-12-8315	17. INFORMANT'S SIGNATURE OR NAME Nancy Missey Summerfield Ill 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 Approx. 2hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion - embolism		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Mild hypertension with moderate arteriosclerosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Mar. 29, 1951, to Oct. 15, 1953, that I last saw the deceased alive on Oct. 22, 1953, and that death occurred at 11:30a m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) DO		23b. ADDRESS New Florence, Mo.		23c. DATE SIGNED 10/16/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 10-16-53	24c. NAME OF CEMETERY OR CREMATORY NEW FLORENCE CEM	24d. LOCATION (City, town, or county) (State) NEW FLORENCE MO
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DATE REC'D BY LOCAL REG. 10-17-53	REGISTRAR'S SIGNATURE [Signature] 53 207	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS HOPKINS MONTGOMERY CITY MO
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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 XX on the 16 th day of Oct 1953
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed H B Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.