

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 7 1955

BIRTH NO. ... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 9

I. PLACE OF DEATH a. COUNTY HENRY b. CITY OR TOWN CLINTON c. LENGTH OF STAY (in this place) 40 YRS. d. FULL NAME OF HOSPITAL OR INSTITUTION 115 S. ORCHARD ST. 2. USUAL RESIDENCE (Where deceased lived.) a. STATE MO b. COUNTY HENRY c. CITY OR TOWN CLINTON d. STREET ADDRESS (If rural, give location) 115 S. ORCHARD ST.

3. NAME OF DECEASED a. (First) LAURA b. (Middle) E. c. (Last) COUNSELMAN 4. DATE OF DEATH MAR. 2, 1955

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOW 8. DATE OF BIRTH MAY 19, 1869 9. AGE (in years last birthday) 85 10. MONTHS 9 11. DAYS 13 12. IF UNDER 1 YEAR Hours 13 13. IF UNDER 24 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and State or Foreign Country) MT. ZION, MO. HENRY CO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY HUNTER 13b. MOTHER'S MAIDEN NAME ELIZABETH CATHEY 14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Naomi C. Vogel - Clinton Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 6 hrs 3 1/4

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 592X 20. AUTOPSY? YES NO [X]

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

22. I hereby certify that I attended the deceased from Jan 1862, to 3-2, 1955, that I last saw the deceased alive on 2-1, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 422 (Degree or title) 23b. ADDRESS Clinton MO 23c. DATE SIGNED 3-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE MAR. 3, 1955 24c. NAME OF CEMETERY OR CREMATORY BETHLEHEM CEMETERY 24d. LOCATION (City, town, or county) (State) Clinton, MO. Rural

DATE REC'D BY LOCAL REG. MAR-2-55 REGISTRY'S SIGNATURE Florence Adair 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Z. Vermont, Clinton, Mo.

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

JUN 1 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 *W. J. Tansout*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.