

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28972**

FILED OCT 5 - 1955

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4044** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sturgeon		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY OR TOWN Sturgeon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				e. STREET ADDRESS (If rural, give location) ----- 0600				
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) P.		c. (Last) Senor		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 26, 1872		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 4 HRS. Hours 1 Mins. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Providence, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Senor			13b. MOTHER'S MAIDEN NAME Susan Utt		14. NAME OF HUSBAND OR WIFE Seaberry Clark			
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 Mrs. Ralph Haley, Sturgeon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralytic Stroke				4 days		
		DUE TO (c) 334X						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Sept 26, 1955 , to Sept 27, 1955 , that I last saw the deceased alive on Sept 26, 1955 , and that death occurred at 10 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Person or title) W R McEwen M.D.				23b. ADDRESS Sturgeon Mo		23c. DATE SIGNED Sept 29-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 29, 1955	24c. NAME OF CEMETERY OR CREMATOR Mt. Horeb		24d. LOCATION (City, town, or county) (State) Sturgeon, Boone Co., Mo.			
DATE REC'D BY LOCAL REG. Sept 30, 1955		REGISTRAR'S SIGNATURE Maud Mc Bride		30 25. FUNERAL DIRECTOR'S SIGNATURE Bill D. Meador		ADDRESS Sturgeon, Missouri		

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.....
Signature of Student Embalmer

Signed *Bill J. Meadows*.....

Licensed Embalmer No. *4876*.....

P. O. Address *Sturgeon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.