

FILED OCT 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32436

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5193 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY OR TOWN PLATTIN TOWNSHIP		c. CITY OR TOWN FESTUS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 Mo.		e. STREET ADDRESS (If rural, give location) 504 N. 5TH ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rose Hill Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ANN	c. (Last) GENDRON	4. DATE OF DEATH (Month) (Day) (Year) 9 27 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/19/1868	9. AGE (In years last birthday) 89	If UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS MO. ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH GENDRON	13b. MOTHER'S MAIDEN NAME ADLINE DE ROUSSE	14. NAME OF HUSBAND OR WIFE DECEASED
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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 MRS. HERBERT HERMAN ADDRESS FESTUS, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 7, 1957** to **Sept 12, 1957** that I last saw the deceased alive on **Sept 12, 1957**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William Baynes, M.D.	23b. ADDRESS Festus, Mo.	23c. DATE SIGNED Sept 28, 57
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24a. BURIAL-CREMA-TION-REMOVAL (Specify) BURIAL	24b. DATE 9/30/57	24c. NAME OF CEMETERY OR CREMATORY HERCULANEUM CATHOLIC	24d. LOCATION (City, town, or county) (State) HERCULANEUM, MO.
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DATE REC'D BY LOCAL REG. 9-30-57	REGISTRAR'S SIGNATURE Marie Farris	25. FUNERAL DIRECTOR'S SIGNATURE James R. Cady ADDRESS Crystal City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 2 1957

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.....

James Richard Cady

Licensed Embalmer No. 438

P. O. Address. CRYSTAL

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.