

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1634

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3021 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 512 No. 2nd. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 512 No. 2nd St.		d. STREET ADDRESS (If rural, give location) 512 No. 2nd. St.	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Louis c. (Last) Partney			4. DATE OF DEATH (Month) (Day) (Year) Feb. 1 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Jefferson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Louis Partney		13b. MOTHER'S MAIDEN NAME Catherine Ryan		14. NAME OF HUSBAND OR WIFE Rose Pierce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Zealous Partney St. Louis, 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		INTERVAL BETWEEN ONSET AND DEATH years yes. -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arterio-sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION 40	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 **24 Dec, 1948**, to **1 Feb, 1949**, that I last saw the deceased alive on **1 Feb, 1949**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold V. ...		23b. ADDRESS De Soto Mo.		23c. DATE SIGNED 2 Feb 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Ware Cemetery	24d. LOCATION (City, town, or county) (State) Ware Mo.	
DATE REC'D BY LOCAL REG. 2-5-49	REGISTRAR'S SIGNATURE Marie ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 144 ... De Soto, Mo.		

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

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RECEIVED
District Health Officer No. 9,
District File Number FEB 9 1949
Date Filed

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 _____

Andrew H. England
working under my personal supervision.

Student Embalmer No. 232

Signed.....
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 3531

P. O. Address De Soto, Missouri

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.