

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

12426

1343

48384

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u> <u>24</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Janeas City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kearney Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazelwood Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOA</u> b. (Middle) <u>CLARK</u> c. (Last) <u>Go W</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 24 49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>1867</u> <u>SEPT 27 - 1867</u>
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	
11. BIRTHPLACE (State or foreign country) <u>Clay County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>MARCUS D. Go W</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS E. Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>X</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>TERESA Go W. Kearney Mo. R2</u>	
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) <u>Congestive Heart Failure.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u>	
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) m.		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 <u>11-28</u> , 19 <u>48</u> , to <u>3-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-24</u> , 19 <u>49</u> , and that death occurred at <u>3</u> p. m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Herbert D. Ramsay, D.D.</u>		23b. ADDRESS <u>1712 Jackson Mo</u>	
23c. DATE SIGNED <u>3-24-49</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Interment</u>	
24b. DATE <u>March 26</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Kearney Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>	
DATE REC'D BY LOCAL REG <u>3-24-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	
ADDRESS <u>Kearney Mo</u>		ADDRESS <u>Kearney Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MS  
661231990

### 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

*Leonard Jay*

Licensed Embalmer No. *1677*

P. O. Address *Tiarny 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.