

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24457
Registrar's No. 48

0921

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4457</u>		Registrar's No. <u>48</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola, Mo.</u>			c. LENGTH OF STAY (In this place) <u>1 Month.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flemington.</u>			<u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>None.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>			b. (Middle) <u>A.</u>		c. (Last) <u>KEARNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1950</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>March - 1866</u>		9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u>		
13a. FATHER'S NAME <u>Isaac Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Elongo Kearney.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred Simrell Osceola, Mo.</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>Coronary Thrombosis -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal arterio-sclerosis</u> 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 <u>1 Day.</u> <u>many yrs.</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>7-20, 1950</u> , to <u>7-21, 1950</u> , that I last saw the deceased alive on <u>7-21, 1950</u> , and that death occurred at <u>2:50 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>T. H. Douglas, Jr.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>7-22-50.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holsapple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Collins, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>7-22-1950</u>		REGISTRAR'S SIGNATURE <u>Ruth Seavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hutsler Funeral Home</u>		ADDRESS <u>Osceola, Mo.</u>		

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

RECEIVED 8-2
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-2-52

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 *Charles H. Hutbler Jr.*
Charles H. Hutbler Jr.
Licensed Embalmer No. 4629
P. O. Address Osceola, 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.