

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 259423

5004
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution or place before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto</u>	
c. LENGTH OF STAY in this place <u>12 hours</u>		d. STREET ADDRESS (If rural, give location) <u>2nd. And Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HIRAM</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>TENNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 14, 1889</u>
9. AGE (In years) (Month) (Day) <u>61</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>West Va.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Tenney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Bo. Tenney De Soto, Mo.</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with myocardial insufficiency.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of coronary arteries.</u> DUE TO (c) <u>Generalized arteriosclerosis.</u> 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>6 months</u>		4200	
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) (Min.)		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>March 1, 1950</u> , to <u>Aug 17, 1950</u> , that I last saw the deceased alive on <u>Aug 16, 1950</u> , and that death occurred at <u>3:09 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas A. Donnell M.D.</u> (Degree or title)		23b. ADDRESS <u>De Soto, Mo.</u>	
23c. DATE SIGNED <u>8-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 20, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wood Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 21-50</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u> 141	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Distler</u>		ADDRESS <u>De Soto, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 9-8-50

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 Samuel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Leata 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.