

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17527

804

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

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 166	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission). a. STATE Mo b. COUNT Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 3 mo		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Sedalia		1804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1200 W. 14				d. STREET ADDRESS (If rural, give location) 1200 W. 14 0			
3. NAME OF DECEASED (Type or Print) a. (First) Henry Jefferson Closser			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 23, 1951		5. SEX 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 30, 1877		9. AGE (In years last birthday) 74 1 23		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		11. BIRTHPLACE (State or foreign country) Beaman, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Closser		13b. MOTHER'S MAIDEN NAME Katherine Thomas		14. NAME OF HUSBAND OR WIFE Dorsey H. Closser	
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. Elsie Ritchey - 1714 S. Prop.			
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) Cerebral hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension  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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 19, 1951, to May 23, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ed Snively M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 5/23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-24-51		24c. NAME OF CEMETERY OR CREMATORY St. Olive Church		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. 5-24-51		REGISTRAR'S SIGNATURE G. J. Campbell, M.D.		FUNERAL DIRECTOR'S SIGNATURE Laughlin Bros - Sedalia Mo		ADDRESS	

**RECEIVED** 5-31-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 5-31-51

**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 *A. P. M. Lary*  
Licensed Embalmer No. *3153*  
P. O. Address *S. Daley 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.