

0117
2

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1312</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u> <u>1650</u>					
b. CITY OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>1948-17</u> days		c. CITY OR TOWN <u>Princeton</u>		1			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hizzie</u>			b. (Middle) _____		c. (Last) <u>Igo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>Oct-2-1890</u>		9. AGE (in years last birthday) <u>61-</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>18</u> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ed. Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Cooper</u>			14. NAME OF HUSBAND OR WIFE <u>Clarence Igo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Igo</u> <u>Harris</u>			ADDRESS <u>Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>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. <u>Dementia Praecox</u> <u>Hypertension type</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 1</u>						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 <u>Sept 1</u> , 19 <u>51</u> , to <u>Dec 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>51</u> , and that death occurred at <u>8:35 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Forrest Thomas</u>				(Degree or title) <u>M D</u>		23b. ADDRESS <u>St Joseph No 1 State Hosp no.</u>		23c. DATE SIGNED <u>12 20 51</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Dec 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 21, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter</u>		ADDRESS <u>Princeton Mo.</u>			

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul Mow

Licensed Embalmer No. 2634

P. O. Address Emulation

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.