

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41187

State File No.

BIRTH NO. REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 257

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Roland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 4, 1870</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) <u>Term. 1</u>			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Will Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Blair</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Vera Harris Senath</u>	
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with cardiac enlargement and myocardial insufficiency</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from ret, 19 50, to Dec 4, 19 51, that I last saw the deceased alive on Dec 4, 19 51, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur K. ...</u> (Degree or title)		23b. ADDRESS <u>Senath, Mo.</u>		23c. DATE SIGNED <u>Dec 9 51</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>12/6/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senath Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Senath Mo</u>		24e. NAME OF FUNERAL HOME		24f. ADDRESS	

DATE REC'D BY LOCAL REG. <u>12-8-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs JH Lanier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Holland Funeral Home, Senath, Mo</u>	
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-12-51.....
COUNTY FILE NUMBER .1251-347.

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....
Edwin L. Lannon

Licensed Embalmer No..... 4848

P. O. Address..... Smith, 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.