

1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1928

State File No.
Registrar's No. 118

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield	
c. LENGTH OF STAY (In this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 1006 N. State Street	
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) BELL c. (Last) SENSENICH			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M /	8. DATE OF BIRTH Sept. 16, 1890
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Brookfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME G. Frank Peavler	
13b. MOTHER'S MAIDEN NAME Elizabeth Ann Cline		14. NAME OF HUSBAND OR WIFE Charles S. Sensenich	
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 ADDRESS Charles S. Sensenich, Brookfield, Mo.			
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) Rheumatic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 8 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Solenosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) _____		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 12, 1951 , to Jan 7, 1952 , that I last saw the deceased alive on Jan 7, 1952 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Patten (Degree or title) Dr.		23b. ADDRESS Brookfield Mo	
23c. DATE SIGNED 1-7-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 9, 1952		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Brookfield, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.	
DATE REC'D BY LOCAL REG. 1-8-52		REGISTRAR'S SIGNATURE 167 Deputy Wynette Burdette	

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

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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.

Student Embalmer No.....

Signed.....

Harold B. Wright

Signed.....

Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.