

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9494

State File No. _____

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY RANDOLPH.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY RANDOLPH.	
b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) MOBERLY - HUNTSVILLE, MO	
c. LENGTH OF STAY (in this place) 3 HRS.		d. STREET ADDRESS (If rural, give location) PLEASANT VIEW NURSING HOME	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODWARD-HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) JESSIE c. (Last) SENGER			4. DATE OF DEATH (Month) (Day) (Year) MAR 18 52	
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH AUG. 9 1877		9. AGE (In years last birthday) 74 Months 7 Days 7 Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) DE-WITT - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DAVE McCHELVAN		13b. MOTHER'S MAIDEN NAME DON'T KNOW.		14. NAME OF HUSBAND OR WIFE JOHN-F SENGER.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JOHN HARLEY-SENGER ADDRESS KEYTTSVILLE	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock - Fractured R. Femur in mid portion				INTERVAL BETWEEN ONSET AND DEATH? 12 Hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Bed Patient) DUE TO (c) Arthritic Deformities				10 yrs -	
		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 none - 088 E9027-45				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.) Pleasant View Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Huntsville Randolph Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 18 1952 5 a. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of bed - on concrete floor	

22. I hereby certify that I attended the deceased from **March 18, 1952**, to **March 18, 1952**, that I last saw the deceased alive on **March 18, 1952**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Dreyer MD		23b. ADDRESS Huntsville Mo		23c. DATE SIGNED 3/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 20 1952		24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY - DE-WITT - MO.		24d. LOCATION (City, town, or county) (State) DE-WITT - MO.	
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DATE REC'D BY LOCAL REG. Mar 20 52		REGISTRAR'S SIGNATURE Paul W. Williams		25. FUNERAL DIRECTOR'S SIGNATURE Wade & Lawless ADDRESS Keytsville Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

H. D. Lamont

Licensed Embalmer No. *3046*

P. O. Address *Key West Fla*

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.