

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9583

State File No.

BIRTH NO. 12416591 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 117

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE 0941</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>222 S. SPRUCE ST.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u> | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED a. (First) <u>TERRY</u> b. (Middle) <u>DALE</u> c. (Last) <u>SENS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 31 1952</u> | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | |
| 8. DATE OF BIRTH <u>MARCH 31 1952</u> | | 9. AGE (In years last birthday) <u>0</u> | | IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>8</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | 11. BIRTHPLACE (State or foreign country) <u>BONNE TERRE Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>HENRY C. SENS</u> | | 13b. MOTHER'S MAIDEN NAME <u>ERMA P. PETTUS</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>HENRY C. SENS</u> ADDRESS <u>BONNE TERRE Mo</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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Congenital heart disease</u> <u>Rupture undetermined</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> |
| 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) <u>7544</u> | |
| 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 2-21, 1952, to 3-31, 1952, that I last saw the deceased alive on 2-21, 1952, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wm. W. Taylor, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Bonne Terre, Mo.</u> | | 23c. DATE SIGNED <u>4-1-52</u> | |
|---|--|--------------------------------------|--|--------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 1 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>PRIMROSE</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo</u> | | 24e. FEDERAL DIRECTOR'S SIGNATURE <u>Bertram H. Co. Bonne Terre Mo</u> ADDRESS | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Apr. 1, 1952</u> | | REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> | | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Bertram H. Co. Bonne Terre Mo</u> ADDRESS | |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

341
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STATEMENT BY LICENSED EMBALMER

No Embalming

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.