

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24885
State File No.

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5591 Registrar's No. 51

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| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro Rural (Central)</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u> | |
| c. LENGTH OF STAY (In this place) <u>4RS</u> | | d. STREET ADDRESS (If rural, give location) <u>Road # 2 Hillsboro</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi N. W. of Hillsboro Beland Ch. H.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>HUSKEY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1952</u> |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>MAR. 1 1867</u> | 9. AGE (In years last birthday) <u>85</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 HR. Hours _____ Mins. _____ |
|-----------------|---------------------------|---|-------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Jefferson County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Wilson</u> | 13b. MOTHER'S MAIDEN NAME <u>Clara Graham</u> | 14. NAME OF HUSBAND OR WIFE <u>James Huskey</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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Oxton Huskey</u> ADDRESS <u>Hillsboro 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Arteritis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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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) <u>7220</u> (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 1947 to 7-6, 1952, that I last saw the deceased alive on 7-3, 1952, and that death occurred at 5a m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Anna E. Jallut M.D.</u> | 23b. ADDRESS <u>2420 So. Mo.</u> | 23c. DATE SIGNED <u>7-7-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 8 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hillsboro Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Hillsboro Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-7-52</u> | REGISTRAR'S SIGNATURE <u>Richard W. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dietrich</u> ADDRESS <u>Hillsboro Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED JUL 17 1962

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.....

Samuel B. Birt

Licensed Embalmer No. *4104*

P. O. Address *Septs No*

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.