

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25169

State File No. ....

BIRTH NO.		REG. DIST. NO. 231	PRIMARY REG. DIST. NO. 4346	Registrar's No. ....
1. PLACE OF DEATH a. COUNTY <b>Montgomery</b> 0700		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b> 0700		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montgomery</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montgomery</b> 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Jane</b>		c. (Last) <b>Heans</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>7-27-52</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> 2	8. DATE OF BIRTH <b>3-9-1872</b>	9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 HR. Hours IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Warren County Mo</b> 0
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Nicholis Key</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Hawkins</b>		14. NAME OF HUSBAND OR WIFE <b>widowed</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mary Heans Montgomery City Mo</b>
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) <b>Carcinoma of the stomach terminating with obstruction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <b>Myocardial degeneration, secondary anemia, senility</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>several months</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>July 3</u> , 1952, to <u>July 27</u> , 1952, that I last saw the deceased alive on <u>July 26</u> , 1952, and that death occurred at <u>1:00 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <b>C. H. Thompson</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>New Florence Mo</b>		23c. DATE SIGNED <b>7-28-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-28-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant</b>	24d. LOCATION (City, town, or county) (State) <b>High Hill Mo</b>
DATE REC'D BY LOCAL REG. <b>8-1-52</b>		REGISTRAR'S SIGNATURE <b>Bernice E. Wyatt</b> 4347		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Montgomery City Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

RECORDS TO BE KEPT BY THE BOARD OF HEALTH

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, W. H. J. JONES on the 27  
day of July 1952

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.