

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

350
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 25 1952 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 96

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>De Witt</u>			a. STATE <u>MO</u> b. COUNTY <u>De Witt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		TOWN <u>0350</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 2</u>			d. STREET ADDRESS (If rural, give location) <u>Rural # 2</u>		
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Martha</u> b. (Middle) <u>—</u> c. (Last) <u>Wales</u>			(Month) (Day) (Year) <u>Aug. 5 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years, not birthday) <u>About 50</u>	10. 1 YEAR <u>—</u> 1 DAY <u>—</u> 1 HOUR <u>—</u> 1 MIN. <u>—</u>
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>—</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gene Jackson</u> ADDRESS <u>Kennett Mo. R-7</u>		
18. CAUSE OF DEATH			18. MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
			DUE TO (b) <u>Chronic Arteriosclerotic Hypertension</u>		
			DUE TO (c) <u>—</u>		
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 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) (Min.)			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>10:30</u> to <u>Aug 6</u> , 1952, that I last saw the deceased alive on <u>Aug 1st</u> , 1952, and that death occurred at <u>1:00 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. T. Dempsey M.D.</u> (Degree or title)			23b. ADDRESS <u>Kennett MO</u>		23c. DATE SIGNED <u>8-6-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett MO R-7</u>
DATE REC'D BY LOCAL REG. <u>8-7-1952</u>		REGISTRAR'S SIGNATURE <u>Ed Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lenty Justice</u> ADDRESS <u>Kennett, Mo.</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-11-52

COUNTY FILE NUMBER 852-208

STATEMENT BY LICENSED EMBALMER

Not embalmed

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

Edgar Bee Ford

Signed

Student Embalmer

Licensed Embalmer No. 4433

P. O. Address *Kennett 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.