No. 300
10.48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29047

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. _____

870

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

1. PLACE OF DEATH
a. COUNTY: Ralls,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Saltriver Township)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry, Missouri. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Ralls,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Saltriver Township) 087
d. STREET ADDRESS (If rural, give location): Perry, Missouri. R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Thresa b. (Middle): Francis c. (Last): Black.

4. DATE OF DEATH (Month) (Day) (Year): Aug, 9, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb, 25, 1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Bloomington, Indiana.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Monroe Bender.
13b. MOTHER'S MAIDEN NAME: Liza Bender
14. NAME OF HUSBAND OR WIFE: Jerry Black.

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: Dean Black ADDRESS: Perry, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c)

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: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* No Inquest *to* Medical Attn *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Wilbey Coroner Ralls Co.
23b. ADDRESS: Perry, Missouri.
23c. DATE SIGNED: 8-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-1952
24c. NAME OF CEMETERY OR CREMATORY: Haw Point Cemetery
24d. LOCATION (City, town, or county) (State): Hawk Point, Mo.

DATE REC'D BY LOCAL REG.: 8-12-1952
REGISTRAR'S SIGNATURE: Clyde Wilbey 267
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wilbey ADDRESS: Perry, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.