

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41475

State File No. ....

FILED DEC 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 109

2071  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>BUTLER Mo.</u>	c. LENGTH OF STAY (in this place) <u>4 da</u>	c. CITY OR TOWN <u>MONTROSE Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUTLER Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Kathleen</u> c. (Last) <u>CONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11-52</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>never married</u>	8. DATE OF BIRTH <u>MAR 6-1938</u>		9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Osceola Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Roy B Cone</u>	13b. MOTHER'S MAIDEN NAME <u>RDA Cone</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy B Cone, Montrose 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, asbestia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Meningitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Mastoiditis</u>			
	DUE TO (c) <u>Scarlet fever</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0509</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)
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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?
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22. I hereby certify that I attended the deceased from Dec 8, 1952 to Jan 11, 1953, that I last saw the deceased alive on 12-8, 1952, and that death occurred at 6 P M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Hansen</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Butler Mo.</u>	23c. DATE SIGNED <u>12-11-52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grass Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec-12-52</u>	REGISTRAR'S SIGNATURE <u>Rendall KERRY</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Osceola &amp; Eddy Appleton City Mo.</u>
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JAN 7 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *John Koloff*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3942*

P. O. Address *Appleton City, Wis*

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.