

No. 300  
10-48

FILED JAN 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3641 State File No. 42718

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3647 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dover		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dover	
d. FULL NAME OF HOSPITAL OR INSTITUTION No Street address Hy. 24			d. STREET ADDRESS off Highway 24, West side of No Street address Village.		

3. NAME OF DECEASED (Type or Print) a. (First) INEZ b. (Middle) BELLE c. (Last) HEARN			4. DATE OF DEATH (Month) (Day) (Year) December 6, 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 2, 1904		9. AGE (In years) (Months) (Days) (Hours) (Mins.) 48 11 4	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Dover, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Henry Johnson		13b. MOTHER'S MAIDEN NAME Sarah Bagnell		14. NAME OF HUSBAND OR WIFE Fred Hearn	
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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) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Hearn, Dover, Missouri.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of aorta of atherosclerosis with atherosclerosis</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u>	
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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) (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 Nov 6, 1952, to Dec 6, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edith S. Waverly</u> (Degree or title)		23b. ADDRESS <u>Waverly, Mo.</u>		23c. DATE SIGNED <u>12/6/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 8, 1952		24c. NAME OF CEMETERY OR CREMATORY Machpelah		24d. LOCATION (City, town, or county) (State) Lexington, Missouri.	
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DATE REC'D BY LOCAL REG. 12-18-52		REGISTRAR'S SIGNATURE <u>Thomas S. Sattelmeyer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Sattelmeyer</u> ADDRESS <u>Lexington, Missouri.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 1963

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 *Leo McKean*

Licensed Embalmer No. 2983

P. O. Address Levington, Tennessee

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.