

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2765**

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **4457** Registrar's No. **4**

1930
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City Mo 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION None Home		d. STREET ADDRESS (If rural, give location) West Side 0	
3. NAME OF DECEASED a. (First) Maggie b. (Middle) Pearl c. (Last) Hadley			4. DATE OF DEATH (Month) (Day) (Year) Jan 19 53
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 11 30 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months 2 Days 16 IF UNDER 24 HRS. Hours 16 Min.
11a. BIRTHPLACE (City and State or Foreign Country) Wilkes Barre Penna		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Henry Hoffman		13b. MOTHER'S MAIDEN NAME Catherine Gessner	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ralph Hadley Lowry City ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS. Following Flu	
II. OTHER SIGNIFICANT CONDITIONS. Following Flu		III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481X	
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)		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 1947 , to Jan. 19, 1953 , that I last saw the deceased alive on Jan. 19, 1953 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. B. Robinson M.D. (Degree or title)		23b. ADDRESS Lowry City, Mo.	
23c. DATE SIGNED 1-21-53		24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan 21 53		24c. NAME OF CEMETERY OR CREMATORY Lowry City Cemetery	
24d. LOCATION (City, town, or county) (State) Lowry City Mo		25. FUNERAL DIRECTOR'S SIGNATURE T. W. Wilkinson ADDRESS Clinton	
DATE REC'D BY LOCAL REG. 1-21-53		REGISTRAR'S SIGNATURE Ruth Seeger	

FEB 17 1953

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.