

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6620

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 88

0512

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u> | |
| c. LENGTH OF STAY (In this place) <u>58 Yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>207, E. Gay. St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 207 E. Gay St.</u> | | | |

| | | | | |
|-------------------------------------|------------------------|---------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>Wright</u> | c. (Last) <u>Aber</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1953.</u> |
|-------------------------------------|------------------------|---------------------------|-----------------------|--|

| | | | | | | |
|----------------------|-------------------------------|---|---------------------------------------|---|----------------------------------|----------------------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>10, Oct, 1873</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|----------------------------------|----------------------------------|

| | | | |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (State or foreign country) <u>Marion. Ind.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|---|---|---|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Jessie Wright</u> | 13b. MOTHER'S MAIDEN NAME <u>Caroline Sears.</u> | 14. NAME OF HUSBAND OR WIFE <u>M. D. Aber.</u> |
|---|--|--|

| | | |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>M. D. Aber.</u> ADDRESS <u>Warrensburg. MO.</u> |
|--|-------------------------------------|--|

| | | | |
|--|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized atherosclerosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stroke</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u> | | | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 April 10, 1952, to Feb 7, 1953, that I last saw the deceased alive on Feb. 4, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

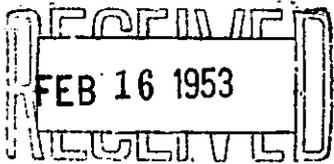
| | | |
|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2nd.</u> | 23b. ADDRESS <u>Warrensburg, Mo.</u> | 23c. DATE SIGNED <u>2-9-53.</u> |
|---|--------------------------------------|---------------------------------|

| | | | |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>10, Feb. 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg. MO.</u> |
|---|--------------------------------|---|---|

| | | |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>Feb. 9, 1953</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips.</u> ADDRESS <u>Warrensburg. MO.</u> |
|--|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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



JOHNSON COUNTY HEALTH DEPT.

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.....
Student Embalmer

Signed *J. Earl Priest*.....

Licensed Embalmer No. 3878.....

P. O. Address Warrensburg Mo. 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.