

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20384**
Registrar's No. **39**

FILED JUN 1 - 1953

REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4468**

950

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

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY OR TOWN ST MARY'S		c. CITY OR TOWN ST MARY'S 0950	
c. LENGTH OF STAY (in this place) 3 MO		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S			
3. NAME OF DECEASED a. (First) JAMES		b. (Middle) HENRY	
c. (Last) LONESSE		4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 18 1882
9. AGE (In years) (Months) (Days) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BELLEVOUE MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES HENRY LONESSE	
13b. MOTHER'S MAIDEN NAME ELLEN FLEKMAN		14. NAME OF HUSBAND OR WIFE HATTIE SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-26-6631	
17. INFORMANT'S SIGNATURE OR NAME Hattie Louise St. Mary ADDRESS MO			
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) Crown Aneurysm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Hypertension DUE TO (b) Chronic Hypertension DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
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) (Min.)		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 Oct 1952 to 23 May 1953 that I last saw the deceased alive on 23 May 1953 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE James W. Redall (Degree or title) MD		23b. ADDRESS St. Mary's	
23c. DATE SIGNED 24 May 53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE MAY 25 1953		24c. NAME OF CEMETERY OR CREMATORY REDFORD CEMETERY	
24d. LOCATION (City, town, or county) (State) REYNOLDS CO. MO		25. FUNERAL DIRECTOR'S SIGNATURE Lee C. Barber ADDRESS St. Mary's	
DATE REC'D BY LOCAL REG. May 25 1953		REGISTRAR'S SIGNATURE Willie Barber ADDRESS 431	

JUN 3 1953

JUN 7 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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, 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.