

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23657**

FILED JUN 30 1953		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 3076	Registrar's No. 93
1. PLACE OF DEATH a. COUNTY <u>Wernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wernon</u>		
b. CITY OR TOWN <u>Nevada</u>	c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write BURAL and give township) <u>Nevada - 10827</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1031 East Walnut, Sts.</u>		d. STREET ADDRESS (If rural, give location) <u>1031 East Walnut St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>Jane</u> c. (Last) <u>Sene</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-1-53</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 16, 1868</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Smithtown, N. C.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Sene</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Rose</u> ADDRESS <u>Nevada Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Infarct</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) m.		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 <u>12-5</u> , 19 <u>44</u> to <u>6-1</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6-1</u> , 19 <u>53</u> and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>F. D. Martin</u>		23b. ADDRESS (Degree or title) <u>M.D. Nevada Mo</u>		23c. DATE SIGNED <u>6-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Nevada</u>		24b. DATE <u>6-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highway Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Highway, Neb.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wichman General Home, Nevada</u> ADDRESS		
DATE REC'D BY LOCAL REG. <u>6-26-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Flery</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Mrs. E. E. E. E.

Licensed Embalmer No. 2656

P. O. Address Nevada 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.