

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42452**

FILED DEC 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>78</u>		PRIMARY REG. DIST. NO. <u>4159</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u>		c. LENGTH OF STAY (In this place) <u>7 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwich, Kansas</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION --				d. STREET ADDRESS (If rural, give location) --			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Nancy</u> b. (Middle) <u>Persinger</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-53</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>10-26-1869</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
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>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McFall, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John D. Savage</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Swearington</u>		14. NAME OF HUSBAND OR WIFE <u>Ellis Persinger</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norman Clark, Pattonsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492x</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) (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 <u>12-16</u> , 19 <u>53</u> , to <u>12-18</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>12-18</u> , 19 <u>53</u> , and that death occurred at <u>12:20am</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John Starnes</u>				23b. ADDRESS <u>Pattonsburg, Mo.</u>		23c. DATE SIGNED <u>12-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Melton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norwich, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>12-21-53</u>		REGISTRAR'S SIGNATURE <u>Virgie M. Engelhardt</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Louis G. ...</u>		ADDRESS <u>Pattonsburg, Mo.</u>	

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

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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 *Kevin Quast*

Licensed Embalmer No. 4096

P. O. Address *Pattersonburg, Pa.*

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.