No. 300
10.48

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14780

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, BENTON
c. LENGTH OF STAY (In this place): 13 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KIRKSVILLE RURAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: ADAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BENTON
d. STREET ADDRESS (If rural, give location): 0010

3. NAME OF DECEASED (Type or Print): a. (First) HELEN b. (Middle) VIRGINIA c. (Last) CLEARY

4. DATE OF DEATH (Month) MAY (Day) 25 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Oct 23 1868
9. AGE (In years last birthday): 85 (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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): MACON Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U. S

13a. FATHER'S NAME: WILLIAM C. SMITH
13b. MOTHER'S MAIDEN NAME: AMERICA RATLIFF
14. NAME OF HUSBAND OR WIFE: THOMAS H. CLEARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Leon Cleary ADDRESS: 608 N. Elm Kirksville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thyrotoxicosis — 30 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nephritis - Glomerulo. — 5 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1950, to May 25, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE Howard E. Gross, D.O. (Degree or title)
23b. ADDRESS Kirksville, Mo.
23c. DATE SIGNED May 25 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 28-1954
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph's (New)
24d. LOCATION (City, town, or county) Edina, Knox (State) Mo.

DATE REC'D BY LOCAL REG.: 5-26-54
REGISTRAR'S SIGNATURE: Nate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE Noah E. Porter ADDRESS Kirksville, Mo.

(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 Nora E. Foster

Licensed Embalmer No. 4742

P. O. Address Kuksville, 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.