

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10838

1140

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 6288 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Union		c. LENGTH OF STAY (In this place) 29	c. CITY OR TOWN Rural-Union
d. FULL NAME OF HOSPITAL OR INSTITUTION Home NW of Grove Springs		f. STREET ADDRESS (If rural, give location) NW of Grove Spring 1140	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) I. Daniel c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1955	
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, or married	8. DATE OF BIRTH Oct. 13, 1881
9a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Laclede Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Geo. Williams	
13b. MOTHER'S MAIDEN NAME Massey		14. NAME OF HUSBAND OR WIFE Frank	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Carlos Blechase		ADDRESS Hartwell, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592 X	
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 Feb 12, 1955, to Feb 12, 1955, that I last saw the deceased alive on Feb 12, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Dr. J. H. Huggins (Degree or title)		23b. ADDRESS Grove Spring Mo.	
23c. DATE SIGNED 3-2-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 17 - 55	
24c. NAME OF CEMETERY OR CREMATORY Mc Bride Cemetery		24d. LOCATION (City, town, or county) (State) NW-Grove Spring Mo.	
DATE REC'D BY LOCAL REG. 3-3-55		REGISTRAR'S SIGNATURE 346-1	
25 FUNERAL DIRECTOR'S SIGNATURE John S. Simpson		ADDRESS Hartwell, Mo.	

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

County File Number 355-35  
Date Filed MAR 19 1955

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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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 45  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.