

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12515

State File No.

FILED MAY 3 1955

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 16.

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits: RURAL and give township) OR TOWN Mt. Vernon		c. LENGTH OF STAY (in this place) 377 days	c. CITY OR TOWN Steelville
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0280	
		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Norman	b. (Middle) Lester	c. (Last) Partenheimer	4. DATE OF DEATH (Month) (Day) (Year) April 23, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 6, 1910	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving clerk	10b. KIND OF BUSINESS OR INDUSTRY Auto Parts	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harry Partenheimer	13b. MOTHER'S MAIDEN NAME Dora Kellman	14. NAME OF HUSBAND OR WIFE Clara McF. Partenheimer
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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. 492-01-2233	17. INFORMANT'S SIGNATURE OR NAME San. records, Mo. State San., Mt. Vernon, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis Acute pericarditis, fibrinous		INTERVAL BETWEEN ONSET AND DEATH approx. 5 years few hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Hemopericardium		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Chronic pulmonary tuberculosis			approx. 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343 A	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-11-, 1954, to 4-23-, 1955, that I last saw the deceased alive on 4-23-, 1955, and that death occurred at 11:25 am., from the causes and on the date stated above.

23a. SIGNATURE C. O. Brasher M.D. (Degree or title)	23b. ADDRESS Mt. Vernon, Missouri	23c. DATE SIGNED 4-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-23-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Steelville, Mo
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DATE REC'D BY LOCAL REG. 4-29-55	REGISTRAR'S SIGNATURE Cecil Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE N. D. Fossett	ADDRESS Mt. Vernon, Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1955
MAY

MAY 24 1955

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. L. Lovett.....

Licensed Embalmer No. 22
P. O. Address MT. VERNON

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.