

FILED JUN 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. 17555

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Mines - Union Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Mines - Union Twp. 1100	
-d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print); a. (First) Mary b. (Middle) Ann c. (Last) Torrence			4. DATE OF DEATH (Month) (Day) (Year) June-- 2- 1955		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9-17-1864	9. AGE (In years) (last birthday) 90	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Old Mines, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Saul Christopher	13b. MOTHER'S MAIDEN NAME Julia Boyer	14. NAME OF HUSBAND OR WIFE Willia Torrence
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Barbara Vilmer, DeSoto, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) following arterio- DUE TO (c) Sclerosis Cerebrum		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 334 X YES <input 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)	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 **4/15**, 19**52**, to **6/2**, 19**55**, that I last saw the deceased alive on **6/2**, 19**55**, and that death occurred at **4:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. F. Crews	23b. ADDRESS Potosi	23c. DATE SIGNED 4/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-4-1955	24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery	24d. LOCATION (City, town, or county) (State) Old Mines, Mo
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DATE REC'D BY LOCAL REG. 6/4/55	REGISTRAR'S SIGNATURE Mary Ann Torrence	40370	25. FUNERAL DIRECTOR'S SIGNATURE W. Smith	ADDRESS Potosi, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 7 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

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

Mary M. Smith

Licensed Embalmer No.

4394

P. O. Address

Patesi, Md

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.