

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23345

State File No. \_\_\_\_\_

FILED AUG 4 = 1955

BIRTH NO. _____		REG. DIST. NO. <u>304</u>		PRIMARY REG. DIST. NO. <u>6096</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Callaway)</u>		c. LENGTH OF STAY (in this place) <u>35 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Callaway)</u>		<u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west Defiance Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles west of Defiance, Mo. P.O.</u>			
3. NAME OF DECEASED (Type or Print) <u>Sallie</u>		a. (First)		b. (Middle) <u>Ann</u>		c. (Last) <u>McKenney</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>April 22, 1874</u>	
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>Farm Home</u>		9. AGE (In years last birthday) <u>81</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Covington, Kentucky</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Covington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>(Unknown) Barnard</u>		13b. MOTHER'S MAIDEN NAME <u>(unknown) Fleet</u>	
14. NAME OF HUSBAND OR WIFE <u>(Unknown) Barnard</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>Gilbert McKenney</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prosencho-Greymania</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility Dementia</u> DUE TO (c) <u>491K</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>April 1, 1955</u> to <u>July 28, 1955</u> , that I last saw the deceased alive on <u>July 27, 1955</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles W. Moore M.D. Waverly, Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>7-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Francis Howell</u>		24d. LOCATION (City, town, or county) (State) <u>Weldon Spring, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 31/1955</u>		REGISTRAR'S SIGNATURE <u>Mark F. Huff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Monie Muehler, Waverly, Mo.</u>		ADDRESS	

(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 Harvard O. Kesler

Licensed Embalmer No. 4681

P. O. Address Wentzville

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.