

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32048

BIRTH NO. _____		REG. DIST. NO. 36V		PRIMARY REG. DIST. NO. 4531		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. LENGTH OF STAY (in this place) 5 1/2 yrs.		c. CITY OR TOWN Warrenton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Katie Jane Memorial Home				e. STREET ADDRESS (If rural, give location)		109 th	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Thomas		c. (Last) Usry		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1955	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH Mar. 12, 1884	
9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months 6		11. UNDER 24 HRS. Days 5		12. UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car operator		10b. KIND OF BUSINESS OR INDUSTRY United R.R. Co.		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stephen Usry		13b. MOTHER'S MAIDEN NAME Sarah Mitchell		14. NAME OF HUSBAND OR WIFE none			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louis Wegener, Warrenton, 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) <i>Pneumonia Bilobed Hypostatic</i> ANTECEDENT CAUSES DUE TO (b) <i>Post. Multiple Sclerosis</i> DUE TO (c) <i>Chronic Myocarditis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222				INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>7 yrs.</i> <i>unk.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 April 4, 1952, to Sept 17, 1955, that I last saw the deceased alive on Sept 16, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>David D. Hobbs M.D.</i>		23b. ADDRESS <i>Warrenton Mo</i>		23c. DATE SIGNED <i>9-20-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 20, 1955		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Warrenton, Mo.	
DATE REC'D BY LOCAL REG. 9-22-55		REGISTRAR'S SIGNATURE <i>Floyd Logan</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.			

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

Student.....
Signature of Student Embalmer

Signed *John J. Hielburg*.....
Licensed Embalmer No. *3*

P. O. Address *Warrent*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.