

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32596**

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **74**

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| 1. PLACE OF DEATH a. COUNTY CLINTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY CLINTON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON | | c. CITY OR TOWN LATHROP | 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 CAMERON COMM. Hosp. | | | |
| e. STREET ADDRESS (If rural, give location) 0210 | | | |

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|-------------------------------------|-------------------------|------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ANNIE | b. (Middle) LEE | c. (Last) MISSEY | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 14 1955 |
|-------------------------------------|-------------------------|------------------------|-------------------------|---|

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|----------------------|-----------------------------|---|-------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE Wh. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH OCT. 2 1912 | 9. AGE (In years last birthday) 43 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POST OFFICE CLERK | 10b. KIND OF BUSINESS OR INDUSTRY U.S. P.O. | 11. BIRTHPLACE (City and State or Foreign Country) Seagrville Texas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 3a. FATHER'S NAME John F. McIntire | 13b. MOTHER'S MAIDEN NAME Maggie Martin | 14. NAME OF HUSBAND OR WIFE Harry C. Missey |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-24-5392 | 17. INFORMANT'S SIGNATURE OR NAME Harry C. Missey | ADDRESS Lathrop, Mo |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism | | INTERVAL BETWEEN ONSET AND DEATH 30 minutes |
| | ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) 214X | | |
| | II. OTHER SIGNIFICANT CONDITIONS Complete Hysterectomy asthma Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION 10-6-55 | 19b. MAJOR FINDINGS OF OPERATION Fibrinoid infarct, Endocarditis | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 **9-1**, 19**55**, to **10-14**, 19**55**, that I last saw the deceased alive on **10-14**, 19**55**, and that death occurred at **4 p.m.**, from the causes and on the date stated above.

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| 22a. SIGNATURE S. H. Hesterton | (Degree or title) MD | 22b. ADDRESS Cameron Mo | 22c. DATE SIGNED 10-18-55 |
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|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE Oct. 16. 55 | 24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery | 24d. LOCATION (City, town, or county) (State) LATHROP MO |
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| DATE REC'D BY LOCAL REG. 10-21-55 | REGISTRAR'S SIGNATURE Wimfred W. Moser | 390-0 | 25. FUNERAL DIRECTOR'S SIGNATURE DeMoss CRUNK | ADDRESS CAMERON, MO |
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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.....
Signature of Student Embalmer

Signed *Laurence J. Thompson*

Licensed Embalmer No. *473*

P. O. Address *Cameron*

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.