

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17004**

BIRTH NO.		REG. DIST. NO. 184	PRIMARY REG. DIST. NO. 5692	Registrar's No. 61
1. PLACE OF DEATH a. COUNTY Linn 0580		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Linn 0580		
b. CITY OR TOWN Rural	c. LENGTH OF STAY (to this place) 2 1/2 yrs.	c. CITY OR TOWN Meadville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parsons Creek		e. STREET ADDRESS (If rural, give location) N. of Meadville		
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Sensenich c. (Last) Sensenich		4. DATE OF DEATH (Month) (Day) (Year) 5-4-56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3-1-1870	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, Foreign Country) Chester Co., Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J.H. Sensenich		13b. MOTHER'S MAIDEN NAME Harnet Diller		14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME J. Sensenich ADDRESS Meadville 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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH instant
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 Jan 1955 , to May 4, 1956 , that I last saw the deceased alive on May 4, 1956 , and that death occurred at 6:05 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Will Bryan, D.O.		23b. ADDRESS 27 Wheeling, Mo.		23c. DATE SIGNED 5-4-56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5/6/56	24c. NAME OF CEMETERY OR CREMATORY Meadville	24d. LOCATION (City, town, or county) (State) Meadville Mo.	
DATE REC'D BY LOCAL REG. 5-15-56	REGISTRAR'S SIGNATURE Katherine Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Merion E. Gilliam		ADDRESS Meadville

(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.....
Signature of Student Embalmer

Signed *Marion E. Williams*

Licensed Embalmer No. *393*

P. O. Address *Medford*

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.