

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1956

State File No. 22740
Registrar's No. 54

BIRTH NO. _____		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 5043	Registrar's No. 54
1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Sugar Creek)		c. LENGTH OF STAY (in this place) 21 yrs	c. CITY OR TOWN Seligman	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> WSD
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1 Mi. North of Seligman		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Agnis	c. (Last) Hentz	4. DATE OF DEATH (Month) (Day) (Year) 8 7 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1873	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Radke		13b. MOTHER'S MAIDEN NAME Catherine Vergerske	14. NAME OF HUSBAND OR WIFE Louis Radke	
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 Wm. Radke Seligman, 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) 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"/> 4201
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 on Aug 7, 19 56 , 19____, that I last saw the deceased on Aug 7, 1956 , and that death occurred at 2 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Paul D. Hubert		23b. ADDRESS Coscoro Cassville, Mo		23c. DATE SIGNED 8-8-1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-10-56	24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	24d. LOCATION (City, town, or county) (State) Seligman, Missouri
DATE REC'D BY LOCAL REG. 8-11-56		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ray Williams Davis-Williamson Chapel - Cassville

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

10.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 856-140

DATE REC. 8-13-56

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 Ray E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville

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.