

FILED AUG 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

242111

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3000 Registrar's No. 78

0502  
/

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>FESTUS</u>		c. CITY OR TOWN <u>FESTUS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>21 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>601 S. 5th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 S. 5th St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROENA</u>	b. (Middle) <u>ADELINE</u>	c. (Last) <u>USSERY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-56</u>
-------------------------------------	-------------------------	----------------------------	-------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 29, 1883</u>	9. AGE (In years last birthday) <u>73</u>	10 UNDER 1 YEAR Months	11 UNDER 2 HRS. Hours	12 MIN.
----------------------	-------------------------------	---	--	---	------------------------	-----------------------	---------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON COUNTY, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>DANIEL PEEL</u>	13b. MOTHER'S MAIDEN NAME <u>ADELIA SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ma Jessie Meyer Festus - mo</u>	ADDRESS _____
--	-------------------------------	--	---------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>331X</u>
--	--	---

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 20, 1955, to July 26, 1956 that I last saw the deceased alive on July 26, 1956 and that death occurred at 4 1/2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bertelma Daley, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Festus, Mo.</u>	23c. DATE SIGNED <u>July 27, 56</u>
--	-------------------------	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RUSSELL HEIGHTS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>JACKSON, MISSOURI</u>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7-27-56</u>	REGISTRAR'S SIGNATURE <u>Jesse G. Lydon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry R. Palitto</u>	ADDRESS <u>Crystal City Mo.</u>
---	---	--	---------------------------------

502

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 31 1956

JUL 31 1956

---

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 *Anthony B. Politti*.....

Licensed Embalmer No. *348*.....

P. O. Address *Crystal City*.....

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.