

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15826  
STATE FILE NUMBER

FILED APR 22 1957

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 67

Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

529

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall (township)</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Slater, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not hospital or institution) <b>White east of Highway 240</b> <b>Marshall, Mo. Hospital</b>			Length of stay in lb <b>240</b>		d. STREET ADDRESS <b>945 Watts</b>
3. NAME OF DECEASED (Type or print) First <b>Dorothy</b> Middle <b>Venable</b> Last <b>Duncan</b>			4. DATE OF DEATH <b>Apr. 14, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 20, 1884</b>	9. AGE (In years last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Randolph County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>F. K. Venable</b>			14. MOTHER'S MAIDEN NAME <b>Marietta Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Dorothy Albers, Slater, Missouri</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure</b> DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Hypertension, Essential</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Generalized Atherosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>11 years</b> <b>15 yr.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1942</b> to <b>April 14, 1957</b> and last saw her <b>alive</b> on <b>4/14/57</b> Death occurred at <b>8:00 p m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>C. A. McSweeney, M.D.</b> (Degree or title)			22b. ADDRESS <b>Slater, Mo.</b>		22c. DATE SIGNED <b>4/17/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/18/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Slater</b>		23d. LOCATION (City, town, or county) (State) <b>Slater, Missouri</b>
24. FUNERAL DIRECTOR <b>Haines Funeral Home, Slater, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-17-57</b>	26. REGISTRAR'S SIGNATURE <b>Carl G. Reid</b>	

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JAN 17 1963

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 *Walter J. Haines, Jr.*  
Licensed Embalmer No. *455*

P. O. Address *Slater*

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.