

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040656

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 96

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED NOV 21 1961

1. PLACE OF DEATH
 a. COUNTY Gentry County
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany Missouri Length of stay in lb 3-day's
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry County Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Worth
 c. CITY OR TOWN Grant City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5-miles South-West Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Julia Bennett Hoey October 9 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-9-1870 9. AGE (last birthday) 90
 IF UNDER 1 YEAR IF UNDER 24 HR.
 Months Days Hours Min. 10 - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper 10b. KIND OF BUSINESS OR INDUSTRY housekeeper 11. BIRTHPLACE (City and state or country) Ottawa, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Hoey 13b. MOTHER'S MAIDEN NAME Maude Matilda Galvy 14. NAME OF HUSBAND OR WIFE none

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 Address James Hoey, Jr. Grant City Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Anoxia INTERVAL BETWEEN ONSET AND DEATH none
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxemic Heart failure 2 days
 DUE TO (c) Bilateral Lobar Pneumonia 3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PIGEON BREAST - MARKED MITRAL INSUFFICIENCY PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1952 to Oct, 9, 1961 and last saw her ^{her} alive on Oct. 8, 1961
 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decease or title) Richard J. Swift D.O. 22b. ADDRESS Grant City, Mo 22c. DATE SIGNED 11-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 10-11-1961 23c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery 23d. LOCATION (City, town, or county) Parnell Missouri (State)

24. FUNERAL DIRECTOR ADDRESS John Andrews, Grant City, Missouri 25. DATE RECD. BY LOCAL REG. 11-12-'61 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

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 John Andrews, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City, Mo.

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.