

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

931

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 35

7422

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo</u>	
		d. STREET ADDRESS (If rural, give location) <u>926 So MAIN ST</u>	
3. NAME OF DECEASED a. (First) <u>WILKIS</u> b. (Middle) <u>WALTON</u> c. (Last) <u>KEARNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1950</u>
5. SEX <u>M (O) WHITE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 15 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>80 4 15</u>
13a. FATHER'S NAME <u>CLARENCE H KEARNEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA E WALDORF</u>	11. BIRTHPLACE (State or foreign country) <u>MT Gilead OHIO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>493-12-6102</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W W Kearney Clinton Mo</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerosis</u>		10yrs	
DUE TO (c) <u>Senility</u>		4500	
19a. DATE 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 <u>12-23</u> , 19 <u>49</u> , to <u>1-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>50</u> , and that death occurred at <u>11:20 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. J. Powell M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>1/31/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-1-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb-1-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conduff</u>		ADDRESS <u>Clinton Mo</u>	

MAR 6 1950

RECEIVED  
District Health Officer No. 7,  
District File Number 1-50-12  
Date Filed 2-6-50

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 \_\_\_\_\_  
Student Embalmer

Signed

*Eugene R. Consalus*

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.