

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 30183

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 34

0422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY OR TOWN Clinton	c. LENGTH OF STAY (in this place) 3 mos	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton mo 0422	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Genl Hosp		d. STREET ADDRESS (If rural, give location) 319 North 3rd St	

3. NAME OF DECEASED (Type or Print) a. (First) amelia mary b. (Middle) Halliey c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept 29-50	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug 25 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77
		11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Blum Host	13b. MOTHER'S MAIDEN NAME Louisa Dingleman	14. NAME OF HUSBAND OR WIFE Wm Halliey
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 Oscar Blum Host ADDRESS Clinton

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Liver		INTERVAL BETWEEN ONSET AND DEATH 2 yr
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 **9-25, 1950**, to **9-29, 1950**, that I last saw the deceased alive on **9-29, 1950**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Walker M.D.	23b. ADDRESS Clinton mo	23c. DATE SIGNED 9-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 2/50	24c. NAME OF CEMETERY OR CREMATORY Englewood
DATE REC'D BY LOCAL REG Oct. 2-1950		24d. LOCATION (City, town, or county) (State) Clinton mo
REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J E Consalus ADDRESS Clinton mo

RECEIVED 10-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-9-50

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, Md.

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.