

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **33330**

BIRTH NO. _____		REG. DIST. NO. <b>131</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>3</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>			
b. CITY OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (in this place) <b>40 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		<b>0422</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>301 E. Jefferson St.</b>				d. STREET ADDRESS (If rural, give location) <b>301 E. Jefferson St.</b>			
3. NAME OF DECEASED (Type or Print) <b>MILDRED</b>		a. (First) <b>PRIEST</b>		b. (Middle) <b>GEORGE</b>		c. (Last)	
4. DATE OF DEATH <b>Oct. 26 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>March 20, 1876</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>6</b>		IF UNDER 2 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mt. Sterling, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>V. P. Keuper</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Reed</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jake Hood</b>		ADDRESS <b>Clinton, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS <b>Hypertension</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b> <b>4 yrs</b> <b>4/201</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>me</b>		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) m.		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 <b>April 26, 1946</b> , to <b>Oct 26, 1950</b> , that I last saw the deceased alive on <b>Oct 17, 1950</b> , and that death occurred at <b>12:05 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>S. B. Wagoner, M.D.</b>				23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>10/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 29 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct-29-1950</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		4223 25. FUNERAL DIRECTOR'S SIGNATURE <b>H. J. Tansant</b>		ADDRESS <b>Clinton, Mo.</b>	

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

**0422**  
**1**

RECEIVED 10/30/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10/30/50

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 A. Z. Sansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.