

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 927

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Henry Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clatsop Co.</u>	
b. CITY OR TOWN <u>Clanton</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Rockville</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weyel Osteopathic Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Addison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 15 1882</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, with if retired) <u>House Keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Shredow Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	
14. NAME OF HUSBAND OR WIFE <u>nealy m. Addison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>nealy m Addison</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES <u>followed by surgery for strangu-</u> <u>lated hernia</u> DUE TO (b) <u>strange-</u> <u>lated hernia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>1-7-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>stranguated hernia</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>5615</u>	
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) 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 <u>1-7</u> , 19 <u>51</u> , to <u>1-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-15</u> , 19 <u>51</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Weyel</u> (Degree or title)		23b. ADDRESS <u>002 Clanton Mo</u>	
23c. DATE SIGNED <u>1-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 17 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockville cem</u>	24d. LOCATION (City, town, or county) (State) <u>Rockville Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan-17-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> ADDRESS <u>422</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u> ADDRESS <u>Appleton City Mo</u>	

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

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**RECEIVED** 1-22-51

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 1-22-51

1-22-51

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *H. A. Vassant*

Licensed Embalmer No. 3779

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.