

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16222

1952 MAY 26 1952

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5507 Registrar's No. 39

420
1

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 DAVIS TWP		c. LENGTH OF STAY (in this place) 3 years	c. CITY OR TOWN Clinton MO		d. STREET ADDRESS RR #4 0420
3. NAME OF DECEASED (Type or Print) MARY			a. (First)	b. (Middle) @	c. (Last) HENRY
4. DATE OF DEATH	(Month)	(Day)	(Year)	MAY 14 1952	
5. SEX FEM	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WID	8. DATE OF BIRTH 8/3/1868	9. AGE (In years last birthday) 83	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) HENRY Co MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HOMER T. BURRIS		13b. MOTHER'S MAIDEN NAME ANNA BELL ROBERTS		14. NAME OF HUSBAND OR WIFE FRANK B	
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 MRS ROY MIDDLETON		ADDRESS Clinton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive pneumonia			5-8-52
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ulcer stomach			2 yr
		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 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)	5400		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 5-1-50, 1950, to 5-14, 1952, that I last saw the deceased alive on 5-14, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE H. Walker, M.D.		(Degree or title)	23b. ADDRESS Clinton MO	23c. DATE SIGNED 5-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/17/52	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	24d. LOCATION (City, town, or county) (State) Clinton MO	
DATE REC'D BY LOCAL REG. May 17 1952	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. E. Consalus Clinton.		

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 J. E. Casanova

Licensed Embalmer No. 1891

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.