

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1209**

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **44**

3422
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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 (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brownington mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Genl Hosp		d. STREET ADDRESS (If rural, give location) 0420	
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) SAUSAGE c. (Last) Brownington			4. DATE OF DEATH (Month) (Day) (Year) FEB 1 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 12/5/1878
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Henry Co mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert W Covington		13b. MOTHER'S MAIDEN NAME Judy Lewis	
14. NAME OF HUSBAND OR WIFE Jennie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Arch Bodles ADDRESS Clinton mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 481X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. prostatitis & cystitis	
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) _____	
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 1-28 , 19 52 , to 2-1 , 19 53 , that I last saw the deceased alive on 2-20 , 19 52 , and that death occurred at 5P m., from the causes and on the date stated above.			
23a. SIGNATURE H. Walker (Degree or title) M.D.		23b. ADDRESS Clinton mo	
23c. DATE SIGNED 2-2-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/2/53		24c. NAME OF CEMETERY OR CREMATORY Englewood Cem	
24d. LOCATION (City, town, or county) (State) Clinton mo		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Consalus ADDRESS Clinton mo	
DATE REC'D BY LOCAL REG. 2-2-53		REGISTRAR'S SIGNATURE Florence Adams ADDRESS 422	

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 Consalvo
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.