

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38864

State File No.

FILED NOV 23 1953

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 239	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 2 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		0 422	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moore Rest Home				d. STREET ADDRESS (If rural, give location) 901 N. Second			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W c. (Last) ENDICOTT			4. DATE OF DEATH (Month) (Day) (Year) NOV. 2 1953				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 24 1862		9. AGE (In years last birthday) 91	10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Endicott		13b. MOTHER'S MAIDEN NAME Mary Ann Young		14. NAME OF HUSBAND OR WIFE Sarah Green Endicott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis Endicott, 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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease							
DUE TO (c) None							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 19 50 to Nov. 2, 1953, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE S.B. Hughes (Degree or title) W.D.				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 11/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-5-53	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri		
DATE REC'D BY LOCAL REG. nov-5-53		REGISTRAR'S SIGNATURE Florence Adams		422 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Houston-Luma, Windsor, Mo.			

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

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Hudson, 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.