

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8385**

FILED APR 12 1954 REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **347**

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 (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>	
c. LENGTH OF STAY (in this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>506 E FRANKLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WETZEL HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALICE</b> b. (Middle) <b>Ann</b> c. (Last) <b>Hussey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 30 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>4/1/1865</b>		9. AGE (In years / last birthday) <b>88</b>		10. MONTHS <b>11</b> DAYS <b>29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ENGLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JOHN K. HUNT</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BOYER</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME <b>Ted Hunt Clinton</b>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Obstruction of Ileum 15"</b>			
		DUE TO (c) <b>Undetermined cause</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility &amp; debilitation</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5705</b>			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 **3-13, 1954**, to **3-30, 1954**, that I last saw the deceased alive on **3-30, 1954**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>Mar 30</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/1/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ENGLWOOD</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton MO</b>	
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DATE REC'D BY LOCAL REG <b>April-1954</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		4-23		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Consoletti</b>		ADDRESS <b>Clinton Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 1954

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 Conrath

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.