

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1514**
Registrar's No. **9**

FILED FEB 8 - 1955

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HILLSBORO		c. LENGTH OF STAY (In this place) 3 YRS		c. CITY OR TOWN ST. LOUIS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE HOME				e. STREET ADDRESS (If rural, give location) 2009			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) BENNETT c. (Last) MCKENZIE				4. DATE OF DEATH (Month) (Day) (Year) JAN. 18 1955			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH NOV. 30 1873	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE FINISHER		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES MCKENZIE		13b. MOTHER'S MAIDEN NAME MARY JANE SONE		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GEO. LORD JEFF. CITY Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, infection, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, right lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility with mental changes				INTERVAL BETWEEN ONSET AND DEATH 4 days 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		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 Jan 30, 1952 to Jan 18, 1955 , that I last saw the deceased alive on Jan 15, 1955 , and that death occurred at 4 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas G. Donnell M.D.				23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 1-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 21 1955		24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY Mo	
DATE REC'D BY LOCAL REG. 1-24-55		REGISTRAR'S SIGNATURE Kathleen Marden		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BURSCHER F. HOME JEFF. CITY			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 3 1955

FEB 8 1955

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.....
Signature of Student Embalmer

Signed.....
Donnell B. Butler

Licensed Embalmer No. *4104*

P. O. Address *W. L. & M. Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.