

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15266**

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **13**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (In this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 206 West Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 West Benton st.		e. STREET ADDRESS 206 West Benton	

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Smith c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) May 22 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Sept 28, 1868		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR (Months) (Days) Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) England	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Samuel Handford		13b. MOTHER'S MAIDEN NAME Hanna Jackson		14. NAME OF HUSBAND OR WIFE Daniel	
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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 Tom Smith ADDRESS Clinton, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH +8 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES		DUE TO (b) Cholecystitis & Senility	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Cholelithiasis	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 **Oct. 1954** to **5-22**, 19**55** that I last saw the deceased alive on **5-22**, 19**55**, and that death occurred at **8:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Sunderwith P.O.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 5-23-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/25/55		24c. NAME OF CEMETERY OR CREMATORY Englewood	
24d. LOCATION (City, town, or county) (State) Clinton, Missouri					

DATE REC'D BY LOCAL REG. May 22-55		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J.C. Conner ADDRESS Clinton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 Eugene R. Cavalieri

Licensed Embalmer No. 4680

P. O. Address Clinton, Missouri

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.