

FILED FEB 24 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

169-006878

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 52DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/689. 0
10a. 80
10b.
11. 2
12. 0
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

4.0425

5. 01

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0930

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Toney</u>		<u>MASCONTONEY</u>			2. <u>Male</u>	3. <u>February 15, 1969</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. <u>White</u>		5a. <u>80</u>	5b. <u>MOS</u>	5c. <u>DAYS</u>	6. <u>November—1888</u>		7a. <u>HENRY</u>	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. <u>CLINTON</u>			7c. <u>Yes</u>	7d. <u>CLINTON General Hospital</u>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>Greece</u>		9. <u>U.S.A.</u>		10. <u>Never MARRIED</u>		11. <u>None</u>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY			
12. <u>None</u>		13a. <u>Unknown</u>			13b. <u>Unknown</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. <u>Missouri</u>		14b. <u>ST. CLAIR</u>	14c. <u>Talley Bend Community</u>		14d. <u>No</u>	14e. <u>RURAL</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. <u>Unknown</u>		16. <u>Unknown</u>						
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>Friend Howard Wright</u>				17b. <u>Lowry City, Missouri</u>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18		IMMEDIATE CAUSE						
(a)		18a. <u>coronary occlusion</u>					Instant.	
(b)		DUE TO, OR AS A CONSEQUENCE OF:						
(c)		DUE TO, OR AS A CONSEQUENCE OF:						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		
						19a. <u>NO</u>		
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.		20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.		20f.		20g.				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
I ATTENDED THE DECEASED FROM		<u>1960</u> TO		<u>2-15-69</u>		21c. <u>2-15-69</u>		
AND LAST SAW HIM/HER ALIVE ON		MONTH		DAY		YEAR		
21a.		21b.		21c.		21d.		
I DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED (HOUR)		AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.				
21e.		21f.		21g.				
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		
22a.				M. 22b.		YEAR		
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE		
23a. <u>HUGH B. WALKER, MD</u>				23b. <u>Hugh B Walker, MD</u>		23c. <u>2-17-69</u>		
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN		
23d. <u>106 S. 3rd</u>				23e. <u>Clinton, Mo</u>		23f. <u>Mo</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME				LOCATION		
24a. <u>Burial</u>		24b. <u>Wright's Bend Creek Cemetery</u>				24c. <u>ST. CLAIR County Missouri</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. <u>2/19/69</u>		24e. <u>R. E. Nichols Chapel Box 428 Clinton MO.</u>						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. <u>R. E. Nichols</u>		25c. <u>Mildred Begum</u>		25d. <u>2-18-69</u>				

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 A. E. Nichols

Licensed Embalmer No. 4997

P. O. Address Clinton, Md

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.