

FILED MAY 5 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 14424

3744

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Burr-Oak Township</b>		3570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4 Miles South Of Elsberry</b>			
3. NAME OF DECEASED a. (First) <b>Ethel</b> (Type or Print)			b. (Middle) <b>Clayton</b>		c. (Last) _____		
4. DATE OF DEATH <b>4-21-50</b>				5. SEX <b>Female</b>			
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 10 1885</b>		9. AGE (In years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Married</b>		11. BIRTHPLACE (State or foreign country) <b>Lincoln County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William A. Cannon</b>			13b. MOTHER'S MAIDEN NAME <b>Elnora Jamison</b>		14. NAME OF HUSBAND OR WIFE <b>Will Clayton</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Will Clayton Elsberry, Missouri</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma of breast</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b> <b>5 yrs</b>	
19a. DATE OF OPERATION <b>5 yrs ago</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of breast</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) <b>170X</b>			
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 <b>Nov. 1949</b> to <b>21 April, 1950</b> , that I last saw the deceased alive on <b>20 Apr, 1950</b> , and that death occurred at <b>9 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard A. Jones MD</b> (Degree or title)				23b. ADDRESS <b>3720 Washington St. St. Louis</b>		23c. DATE SIGNED <b>22 Apr 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-21-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elsberry City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Elsberry, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Apr 24 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Honne</b> ADDRESS <b>4700 Washington</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300

10.48

MAR 20 1957

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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 me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed William J. Latta

Licensed Embalmer No. 4699

P. O. Address St Charles 2

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.