

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived or institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hancock</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hancock</u> 0850	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Letta A.</u> b. (Middle) <u>Poster</u> c. (Last) <u>Poster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 23</u>		9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Hancock Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
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13a. FATHER'S NAME <u>Cliga Pittman</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Anderson</u>			14. NAME OF HUSBAND OR WIFE <u>William Porter Dee</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Baker Hancock</u> ADDRESS _____			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUPLICATE						<u>15 min.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						Years	
		DUE TO (b) <u>Arteriosclerosis</u>							
		DUE TO (c)							
		11. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 10 1950, to June 15, 1950, that I last saw the deceased alive on June 10th 1950, and that death occurred at 5:40a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. William Gould</u> (Degree or title)		23b. ADDRESS <u>Iberia, Mo.</u>		23c. DATE SIGNED <u>6/20/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Center Union Hancock</u>		24d. LOCATION (City, town, or county) (State) <u>Rocky one Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-22-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Deeper</u>		ADDRESS <u>Richland Mo</u>	
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850
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6/21/50
Pulaski County Health Officer
File Number _____
Date Filed 6/22/50

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 _____

Licensed Embalmer No. 5198

P. O. Address. Richland 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.