

FILED AUG 25 1950 STANDARD CERTIFICATE OF DEATH

State File No. 26496

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 03412 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rives</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rives</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		d. STREET ADDRESS (If rural, give location) <u>Rt.</u>	
3. NAME OF DECEASED (Type or Print) <u>ELEETA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-8-1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 12, 1911</u>	
9. AGE (in years last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>26</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Lorenza Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Green</u>	
14. NAME OF HUSBAND OR WIFE <u>Oscar Crews</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Crews</u> ADDRESS <u>Rives Mo</u>	
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) <u>Cancer of Liver</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH <u>156A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) <u>Rives Dunklin Mo</u>	
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 <u>March 19 1950</u> to <u>8-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-8</u> , 19 <u>50</u> , and that death occurred at <u>10 20 Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. Chapman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Steele Mo.</u>	
23c. DATE SIGNED <u>8-8-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warner</u>	
24d. LOCATION (City, town, or county) (State) <u>Hammersville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.T. Emerson</u> ADDRESS <u>Jonestown Ark</u>	
DATE REC'D BY LOCAL REG. <u>8-11-50</u>		REGISTRAR'S SIGNATURE <u>Bertha Ruisobry</u>	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-20-50

COUNTY FILE NUMBER 850-270

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 *W. J. Emerson*

Licensed Embalmer No. *352*

P. O. Address *Jamison Ave*

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.