

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38070

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4432 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUCERNE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUCERNE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) _____ c. (Last) TORREY

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 17, 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH FEBRUARY 22, 1870 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 8 Days 5 IF UNDER 24 HRS. 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 OWN HOME 11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MO. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JOSEPH VALENTINE 13b. MOTHER'S MAIDEN NAME ELLEN DORIS ROBERT 14. NAME OF HUSBAND OR WIFE FRED I. TORREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Coger Powersville ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral Hemorrhage—due to cardiovascularrenal degeneration

ANTECEDENT CAUSES Exhaustion

*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 Exhaustion

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Feb 4, 1948, to Nov. 17, 1950, that I last saw the deceased alive on Nov 17, 1950, and that death occurred at 2:30A a. m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Prunston M.D. (Degree or title) 23b. ADDRESS Putnam Co. Mo. 23c. DATE SIGNED 11/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE NOV 19, 1950 24c. NAME OF CEMETERY OR CREMATORY TORREY CEMETERY 24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY, MISSOURI

DATE REC'D BY LOCAL REG. 12-2-50 (REGISTRAR'S SIGNATURE) Marvell Durbin 266 25. FUNERAL DIRECTOR'S SIGNATURE John N. Constock ADDRESS COLISTOCK FUNERAL HOME UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

860

DEC 14 1950

Date Received: DEC 6 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 8 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard T. Cassidy

Signed.....
Student Embalmer

Licensed Embalmer No.

4617

P. O. Address

Unionville, N.C.

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.