

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8221

BIRTH NO.		REG. DIST. NO. 138		PRIMARY REG. DIST. NO. 5526		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY <u>Wickliffe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Preston Rural 2nd</u>		c. LENGTH OF STAY (In this place) <u>2 mos</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Louisburg 0300</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARENA JEANETTE</u> b. (Middle) <u>BLACK</u> c. (Last) <u>BLACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-1951</u>					
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>9-6-1951</u>		9. AGE (In years last birthday) <u>75</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Moore</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leroy Lee Preston</u>				ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Arteriosclerosis</u>						<u>10 yrs.</u>	
	DUE TO (c)							
	II. 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 <u>4201</u>						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)				
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>1939</u> , 19 <u> </u> , to <u>3-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>51</u> , and that death occurred at <u>10 p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul O. Damman M.D.</u> (Degree or title)				23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>3-5-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lower Lundy</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-1-1951</u>		REGISTRAR'S SIGNATURE <u>J.P. Hargiss</u> 121		25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Jones Buffalo Mo</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

430
1

RECEIVED 4-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-10-51

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2508

P. O. Address Buffalo, N.Y.

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.