

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21811

BIRTH NO.		REG. DIST. NO. 338	PRIMARY REG. DIST. NO. 6148	Registrar's No. 33
1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) Victoria		c. (Last) Clary
4. DATE OF DEATH (Month) (Day) (Year) June 10, 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2nd, 1907	9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Chas. C. Mayberry		13b. MOTHER'S MAIDEN NAME Tina Blocker		14. NAME OF HUSBAND OR Claud Clary
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 ADDRESS Stella Noland Lilbourn, Mo
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA (MEDIASTINAL) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) CARCINOMA-BREAST (LEFT) 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 1 YR.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 Nov. 1950 to 6-10, 1951 , that I last saw the deceased alive on 6-9, 1951 , and that death occurred at 6 P. M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. L. Hayes, M.D.		23b. ADDRESS Bloomfield		23c. DATE SIGNED 6-12-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-12-51		24c. NAME OF CEMETERY OR CREMATORY Gravel Hill
24d. LOCATION (City, town, or county) (State) Near Bloomfield, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Ind. Co. Bloomfield, Mo.		
DATE REC'D BY LOCAL REG. June 15, 1951		REGISTRAR'S SIGNATURE Rose Wehler		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 18 1951

DISTRICT HEALTH OFFICE No. 6

File No.

MA JUN 18 1951

NOV 2 1950

JAN 25 1951

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, ^{2nd.} ~~or by~~

Lulu Cooper, License #3499

working under my personal supervision.

Student Embalmer No.

Signed *Howard A. Cooper*

Signed.....
Student Embalmer

Licensed Embalmer No. *3996*

P. O. Address *Bloomfield, N.J.*

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.