

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Moore 33116  
State File No. 12

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 3423 Registrar's No. 12

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>Senath - Rt. 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Senath - Rt. 1 Salem, 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles S.E. of Senath</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Celia</u> b. (Middle) <u>Lee Ann</u> c. (Last) <u>Droke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 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>Sept. 18, 1867</u>		9. AGE (In years last birthday) (Months) (Days) <u>82 0 23</u>		IF UNDER 24 HRS. Hours Min.	
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		11. BIRTHPLACE (State or foreign country) <u>Yenn</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Dias Hardin</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>C.S. Droke - Senath, Mo. Rt. 1</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 yrs</u> <u>17 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis, Chronic</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		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>592X</u>	
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, 1951, to Sept 20, 1951, that I last saw the deceased alive on Sept 20, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bert M. Weller</u> (Degree or title)		23b. ADDRESS <u>Senath, Mo.</u>		23c. DATE SIGNED <u>Sept 25 '51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cude Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>9-29-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. S. Lanier</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Hubert Funeral Home, Senath, Mo.</u>			

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

No. 300  
10. 48

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FILED OCT 17 1951

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 10-3-51 .....  
COUNTY FILE NUMBER 1051-258...

**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.

Signed \_\_\_\_\_

*Edwin L. Cannon*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*H 440*  
*Geneth, md*

P. O. Address \_\_\_\_\_

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.