

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17302**

FILED MAY 26 1952

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4336** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holliday R R		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holliday R R	
c. LENGTH OF STAY (in this place) several		d. STREET ADDRESS (If rural, give location) 33	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXX			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Nettie	b. (Middle) A	c. (Last) Embree	5		20
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 9/16/1865		9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months	
11. BIRTHPLACE (State or foreign country) Plymouth, Indiana		12. CITIZEN OF WHAT COUNTRY? U S A		13. UNDER 12 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 at home		11. BIRTHPLACE (State or foreign country) Plymouth, Indiana	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME William Parker		13b. MOTHER'S MAIDEN NAME don't know	
13a. FATHER'S NAME William Parker		13b. MOTHER'S MAIDEN NAME don't know		14. NAME OF HUSBAND OR WIFE Thomas Embree (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Margaret White, Holliday, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Margaret White, Holliday, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 7 y 6 m.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.			
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)	
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 April 29, 1952 to May 20, 1952 , that I last saw the deceased alive on May 7, 1952 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. K. Turner M.D.		23b. ADDRESS Madison Mo		23c. DATE SIGNED 5-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/22/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
				24d. LOCATION (City, town, or county) (State) Madison, Missouri	

DATE REC'D BY LOCAL REG. 5/23/52		REGISTRAR'S SIGNATURE Edna Robertson		FUNERAL DIRECTOR'S SIGNATURE W. G. ...	
				ADDRESS Madison	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Mr. Fred W. Thompson*

Licensed Embalmer No. 3282

P. O. Address *Indianapolis, Ind.*

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.