

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

State File No. **23274**

No. 300 JUN 16 1952

10-48

BIRTH NO. _____ REG. DIST. NO. **3219481** PRIMARY REG. DIST. NO. **326** Registrar's No. **8**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Scottland | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Scottland | |
| b. CITY (If outside corporate limits, write RURAL and give township) Corin | | c. CITY (If outside corporate limits, write RURAL and give township) Corin 0790 | |
| c. LENGTH OF STAY (In this place) 1 year | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

| | | | | | |
|---|---------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Elsa b. (Middle) Dolguer c. (Last) Dolguer | | | 4. DATE OF DEATH (Month) (Day) (Year) June 11 - 52 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH Mar 27 - 1887 | 9. AGE (In years, last birthday) 65 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE, (City and State or Foreign Country) Chicago Ill | |
| 12. CITIZEN OF WHAT COUNTRY? U S | | 13a. FATHER'S NAME Fred Dolguer | | 13b. MOTHER'S M.A.D.E.N NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Ed Trend | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | | |
| 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME Fred H Haerber ADDRESS _____ | | | |

| | | | |
|---|--|--|---|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis | | |
| | 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 12, 1952** to **June 11, 1952**, that I last saw the deceased alive on **June 11, 1952**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

| | | |
|--|-------------------------------|---|
| 23a. SIGNATURE Dr C. M. Semler D.O. (Degree or title) | 23b. ADDRESS Corin, Mo | 23c. DATE SIGNED June 13, 1952 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE June 13, 52 | 24c. NAME OF CEMETERY OR CREMATORY Corin |
| 24d. LOCATION (City, town, or county) Corin | 24e. (State) Mo | |

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. 6/13/52 | REGISTRAR'S SIGNATURE Vera G. Turner | 25. FUNERAL DIRECTOR'S SIGNATURE Geath Backert ADDRESS _____ |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

Memphis

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

990
1

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.