S. No. 300
v. 10.46

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

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25014

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4290 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Lincoln 0570
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Foley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Lincoln 0570
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Foley 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MELISSA
b. (Middle): ANN
c. (Last): PRESLEY

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1952

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 2, 1863
9. AGE (In years last birthday): 89 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Callaway County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isaac Pressley
13b. MOTHER'S MAIDEN NAME: Sophia
14. NAME OF HUSBAND OR WIFE: James. W. Presley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Fred Presley, Foley, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypostatic Pneumonia — 12 days
DUE TO (c): Fracture of Right Femur — 14 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Age 21

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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Foley (COUNTY): Lincoln (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 27 1951 12:00 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell as she went to leave house

22. *I hereby certify that I attended the deceased from* June 27, 1952, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank L. Sutton (Degree or title) D.O.
23b. ADDRESS: Winfield, Missouri
23c. DATE SIGNED: July 25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bethany
24d. LOCATION (City, town, or county) (State): Foley, Missouri

DATE REC'D BY LOCAL REG.: 7-31-1952
REGISTRAR'S SIGNATURE: Emma B. Riddle
FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo.

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.