

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2358

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 25

742

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u> 0742	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>522 East 3rd</u> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>E.</u> c. (Last) <u>Emerson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-15-1876</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of preceding 12 months if retired) <u>Restaurant (retired)</u>	11. BIRTHPLACE (State or foreign country) <u>Coshocton - Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Anderson Emerson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Freeze</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Mae Emerson</u>	
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>495-10-1864</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie M. Emerson - Maryville</u>	
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Deletation of Pulmonary Arteries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency + Myocardial Ischemia</u> DUE TO (c) <u>Coronary Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11/6</u> <u>E9039</u> <u>20</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Rt Femur - Dec 9, 1952</u>		
19a. DATE OF OPERATION <u>1-6-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Open Reduction + fixation of fractured hip. 074</u>		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) <u>12 19 52 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on Ice.</u>	
22. I hereby certify that I attended the deceased from <u>Nov 14, 1952</u> to <u>Jan 21, 1953</u> , that I last saw the deceased alive on <u>1-21, 1953</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.R. Jackson M.D.</u>		23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>1-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-23-1953</u>	24c. NAME OF CEMETERY OR CRYPTORY <u>Murison Cem</u>	24d. LOCATION (City, town, & county) (State) <u>Maryville - Mo</u>
DATE REC'D BY LOCAL REG. <u>1-31-53</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u> 229	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.D. Atchison Maryville Mo.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *E. M. Alkhus*

Licensed Embalmer No. 2279

P. O. Address Maryville 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.