

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10486

State File No.

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERY</u>		c. LENGTH OF STAY (in this place) <u>Many years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERY</u>		<u>0570</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 ELSBERY ROAD</u>				d. STREET ADDRESS (If rural, give location) <u>705 Elsberry Road</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>			b. (Middle) <u>JANE</u>		c. (Last) <u>ULERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 5 53</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 11, 1871</u>		9. AGE (In years last birthday) <u>81</u>	10 UNDER 1 YEAR Month: _____ Day: _____	11 UNDER 100 Hrs. Hour: _____ Min: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KAMPSVILLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Booth</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA JANE</u>		14. NAME OF HUSBAND OR WIFE <u>PERRY ULERY</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OSIE HINDS - ELSBERY</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Fall</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>11-29-47</u> <u>3-5-53</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>191X</u>					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) m.		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 <u>11-29, 1947</u> , to <u>3-5, 1953</u> , that I last saw the deceased alive on <u>2-5, 1953</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W H Callaway D.D.</u> (Degree or title)				23b. ADDRESS <u>Elsberry Mo</u>		23c. DATE SIGNED <u>3-7-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/14/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Shelby ...</u>		ADDRESS <u>ELSBERY</u>		

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

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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

W. J. ...

Licensed Embalmer No. 4012

P. O. Address Elberon, 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.