

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13179

State File No. ....

S. No. 300  
v. 10.48

FILED MAY 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4021 Registrar's No. 4

4040  
1

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladonia</u>		c. LENGTH OF STAY (in this place) <u>44 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Elton Britton Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Upper Loure</u> <u>0700</u>	
		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles E. Wellsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>BLACKSHAW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 26 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 30 1876</u>
9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 10 HRS. Hours <u>27</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Charles Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Watson</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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 AND ADDRESS <u>Sam Blackshaw Jr. Wellsville Mo</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>Acute Cardiac Decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old Age</u> 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"/>		<u>4343</u>	
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 <u>4-24</u> , 19 <u>53</u> , to <u>4-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-26</u> , 19 <u>53</u> , and that death occurred at <u>11:15 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William W. Jones D.O.</u> (Degree or title)		23b. ADDRESS <u>Ladonia, Mo.</u>	23c. DATE SIGNED <u>4-28-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/28/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville city cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg., Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-2-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>[Signature] Wellsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 14 1954

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 AP Kell

Licensed Embalmer No. 1788

P. O. Address Hellerville 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.