

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. License No. **25573**

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe	c. LENGTH OF STAY (In this place) 024+5.	c. CITY OR TOWN Chillicothe 0592	
d. FULL NAME OF HOSPITAL OR INSTITUTION 47 Herriford		d. STREET ADDRESS (If rural, give location) 47 Herriford	

3. NAME OF DECEASED (Type or Print)	a. (First) Lou	b. (Middle) Achilles	c. (Last) Emerson	4. DATE OF DEATH (Month) (Day) (Year) July 30 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 20	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Gill	13b. MOTHER'S MAIDEN NAME Susan Ball	14. NAME OF HUSBAND Thomas Emerson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Thomas Emerson Chillicothe, Mo.	ADDRESS Chillicothe, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic congestive heart failure		
	ANTECEDENT CAUSES DUE TO (b) Uremia		
DUE TO (c) Hypertension		DUE TO (c) None obesity	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 yrs. 30 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19**48**, to _____, 19**53**, that I last saw the deceased alive on **17 June, 1953**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Charles N. Brace, M.D. (Degree or title)	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 3 Aug. 1953
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Aug. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Jones	24d. LOCATION (City, town, or county) (State) Livingston County, MO.
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DATE REC'D BY LOCAL REG. 8-3-53	REGISTRAR'S SIGNATURE F. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home	ADDRESS Chillicothe, Mo.
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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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, 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.