

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16720**

BIRTH NO. _____		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 4357		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Marston		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Marston		d. STREET ADDRESS (If rural, give location) Same	
d. FULL NAME OF HOSPITAL OR INSTITUTION Same				d. STREET ADDRESS (If rural, give location) Same			
3. NAME OF DECEASED (Type or Print) a. (First) Emma Jeanette			b. (Middle) St Aubyn		c. (Last) St Aubyn		
4. DATE OF DEATH (Month) (Day) (Year) May 15 1954		5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, DIVORCED (Specify)	
8. DATE OF BIRTH Nov. 12 1863		9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Marston, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wass Jones		13b. MOTHER'S MAIDEN NAME Mary Jane Bellshaw Lee St Aubyn	
14. NAME OF HUSBAND OR WIFE Charles Carter Lee St Aubyn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charles Carter Lee St Aubyn	
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) Double lobar pneumonia				INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cardiac decompensation		DUE TO (c) Senile changes.				Interval between onset and death 6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						Interval between onset and death 2 1/2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490x				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) (Min.)		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 5-17-1954 , to 5-14-1954 , that I last saw the deceased alive on 5-14-1954 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James O. Cameron M.D.				23b. ADDRESS Box F Marston - Mo.		23c. DATE SIGNED 5-20-54	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 16 1954		24c. NAME OF CEMETERY OR CREMATORY Maunda		24d. LOCATION (City, town, or county) (State) Lithgow, Mo	
DATE REC'D BY LOCAL REG. 6-2-54		REGISTRAR'S SIGNATURE H. L. Gonder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Orville Toyn		ADDRESS Lithgow, 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 *Tris S. Marchure*

Licensed Embalmer No. 4601

P. O. Address. *Leicester, 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.