

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36313

State File No.

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6243</u>		Registrar's No. <u>57</u>			
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Liberty</u>			c. LENGTH OF STAY (In this place) <u>33yrs</u>		c. CITY OR TOWN <u>Rural-Liberty</u>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Rt. 1, Potosi</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 1, Potosi</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Etta</u>		b. (Middle) <u>May</u>		c. (Last) <u>Paul</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct., 20 1954</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>9-9-1864</u>		9. AGE (In years last birthday) Months Days <u>90 1 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Old Mines, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Settle</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Black</u>			14. NAME OF HUSBAND OR WIFE <u>Kenneth Paul</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>Mrs T.O. Springer, Potosi, Rt. 1, Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>Yrs.</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		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 <u>4222</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) 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>1944</u> , to <u>10/20, 1954</u> , that I last saw the deceased alive on <u>10/19, 1954</u> , and that death occurred at <u>6:30P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>Ch. K. Russell M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>			23c. DATE SIGNED <u>10/21/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi, Mo</u>			
DATE REC'D BY LOCAL REG. <u>10/21/54</u>		REGISTRAR'S SIGNATURE <u>H. R. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>... Potosi, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

000 26 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

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.....
Signature of Student Embalmer

Signed *Mary M. Smith*

Licensed Embalmer No. *439*

P. O. Address *Potosi, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.